



**STATE OF NEW HAMPSHIRE**  
**DEPARTMENT OF HEALTH AND HUMAN SERVICES**  
***DIVISION FOR BEHAVIORAL HEALTH***  
***BUREAU OF MENTAL HEALTH SERVICES***

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October 15, 2018

Eric Johnson, CEO  
87 Washington Street  
Conway, NH 03818

Dear Mr. Johnson,

Enclosed is the Assertive Community Treatment Fidelity Report that was completed on behalf of the Division for Behavioral Health of the Department of Health and Human Services for Northern Human Services. This review took place from September 19<sup>th</sup>, 2018 through September 20<sup>th</sup>, 2018. The Fidelity Review is one component of compliance with the Community Mental Health Settlement Agreement to evaluate the quality of services and supports provided by New Hampshire's Community Mental Health Center system. It is also the goal that these reviews are supportive in nature and enable your Community Mental Health Center to identify areas of strength and areas in need of improvement. Through this, the outcomes and supportive services for all consumers will be improved.

NHS is invited to review the report and respond within 30 calendar days from date of this letter addressing the fidelity items listed below. These items have been chosen for your attention as your center scored a 3 or below on them. We ask that you address each item for the purpose of your Quality Improvement Plan. Once your QIP is complete you may identify 3 items to focus on for the purpose of progress report tracking and quarterly reporting. Your center may choose to focus on all items as well. Please address these in a QIP to my attention, via e-mail, by the close of business on November 14<sup>th</sup>, 2018.

- Human Resources Structure and Composition
  - Berlin
    - H5: Continuity of Staffing
    - H7: Psychiatrist on Team
    - H8: Nurse on Team
    - H9: SAS on Team
    - H10: Vocational Specialist on Team
    - H11: Program Size
  - Conway
    - H5: Continuity of Staffing
    - H8: Nurse on Team
    - H9: SAS on Team
    - H10: Vocational Specialist on Team
    - H11: Program Size
  - Littleton
    - H3: Program Meeting

- H8: Nurse on Team
  - H9: SAS on Team
  - H11: Program Size
- Organizational Boundaries
  - Berlin
    - O4: Responsibility for Crisis Services
    - O5: Responsibility for Hospital Admissions
    - O6: Responsibility for Hospital Discharge Planning
  - Conway
    - O4: Responsibility for Crisis Services
  - Littleton
    - O4: Responsibility for Crisis Services
    - O6: Responsibility for Hospital Discharge Planning
- Nature of Services
  - Berlin
    - S6: Work with Support System
    - S8: Co-occurring Disorder Treatment Groups
    - S9: Co-occurring Disorders (Dual Disorders) Model
    - S10: Role of Peer Specialist
  - Conway
    - S5: Frequency of Contact
    - S6: Work with Support System
    - S7: Individualized Substance Abuse Treatment
    - S8: Co-occurring Disorder Treatment Groups
    - S9: Co-occurring Disorders (Dual Disorders) Model
    - S10: Role of Peer Specialist
  - Littleton
    - S5: Frequency of Contact
    - S6: Work with Support System
    - S7: Individualized Substance Abuse Treatment
    - S8: Co-occurring Disorder Treatment Groups
    - S9: Co-occurring Disorders (Dual Disorders) Model
    - S10: Role of Peer Specialist

Thank you to all of the NHS staff for their assistance and dedicating time to assist the Department through this review. Please contact me with any questions or concerns you may have.

Sincerely,



Lauren Quann  
Administrator of Operations  
Bureau of Mental Health Services  
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Eric Johnson, CEO

October 15, 2018

Page 2 of 3

LAQ/laq

Enclosures: NHS ACT Fidelity Review SFY 19

CC: Diana Lacey, Julianne Carbin, Susan Drown



***Assertive Community Treatment Fidelity Assessment***

***Northern Human Services***

On Site Review Dates: September 18<sup>th</sup>, 19<sup>th</sup>, 20<sup>th</sup>, 2018

Final Report Date: October 13<sup>th</sup>, 2018

David Lynde, LICSW  
Dartmouth-Hitchcock Medical Center  
Evidenced-Based Practice Trainer & Consultant

Christine Powers, LICSW  
Dartmouth-Hitchcock Medical Center  
Evidenced-Based Practice Trainer & Consultant



## **ACRONYMS**

ACT - Assertive Community Treatment  
BMHS - NH Bureau of Mental Health Services  
CMHC - Community Mental Health Center  
CSP - Community Support Program  
DHHS - Department of Health and Human Services  
DHMC - Dartmouth Hitchcock Medical Center  
EBP - Evidence-Based Practice  
ES - Employment Specialist  
MH - Mental Health  
MH Tx Team - Mental Health Treatment Team  
NH - New Hampshire  
NHH - New Hampshire Hospital  
PSA - Peer Support Agency  
QA - Quality Assurance  
QIP - Quality Improvement Program  
SAS - Substance Abuse Specialist  
SE - Supported Employment  
SMI - Severe Mental Illness  
SPMI - Severe and Persistent Mental Illness  
TL - Team Leader  
Tx - Treatment  
VR - Vocational Rehabilitation

## **AGENCY DESCRIPTION**

Christine Powers, LICSW and David Lynde, LICSW from Dartmouth-Hitchcock Medical Center conducted an ACT Fidelity Review with Northern Human Services (NHS) from 9/18/2018 through 9/20/2018. NHS mental health center covers the most rural part of New Hampshire and has many locations throughout upper New Hampshire. NHS has 3 small ACT teams in 3 locations: Berlin, Conway, and Littleton. NHS started developing ACT services in 2007 across the three locations. The reviewers visited the Berlin site on 9/18/2018, the Littleton site on 9/19/2018, and the Conway site on 9/20/2018.

## **METHODOLOGY**

The reviewers are grateful for the professional courtesies and work invested by the NHS staff in developing and providing these activities as part of ACT fidelity review process.

The sources of information at each site used for this review included:

- Reviewing ACT client records
- Reviewing documents regarding ACT services
- Reviewing data from the ACT team
- Observation of ACT daily team meeting
- Interviews with the following CMHC staff: ACT Team Leader, ACT Psychiatrist, ACT Nurse(s), ACT Peer Support Specialist, ACT Vocational Specialist, ACT Substance Abuse Specialist, and other members of the ACT Team
- Interview with ACT clients

## REVIEW FINDINGS AND RECOMMENDATIONS

The following table includes: Fidelity items, numeric ratings, rating rationale, and recommendations. Ratings range from 1 to 5 with 5 being the highest level of implementation.

### KEY

- ☒ = In effect  
☐ = Not in effect

#	Item	Rating	Rating Rationale	Recommendations
H1	Small Caseload	Berlin 5	<i>Item formula:</i> <u>Number of clients presently served</u> Number of FTE staff  <i>Item formula:</i> <u>34</u> $4.59 = 7.4$	
		Conway 5	<i>Item formula:</i> <u>Number of clients presently served</u> Number of FTE staff  <i>Item formula:</i> <u>38</u> $3.9 = 9.7$	
		Littleton 5	<i>Item formula:</i> <u>Number of clients presently served</u> Number of FTE staff  <i>Item formula:</i> <u>39</u> $4.74 = 8.2$	

#	Item	Rating	Rating Rationale	Recommendations
H2	Team Approach	Berlin 5	<input checked="" type="checkbox"/> The provider group functions as a team, and team members know and work with all clients  According to records reviewed, 100% of the Berlin clients reviewed had face-to-face contact with at least 2 staff members in 2 weeks.	
		Conway 4	<input checked="" type="checkbox"/> The provider group functions as a team, and team members know and work with all clients  According to records reviewed, 80% of the Conway clients reviewed had face-to-face contact with at least 2 staff members in 2 weeks.	<p>The Conway ACT Team Leader should monitor the frequency that ACT staff rotates contact with different ACT clients. It might be helpful for the team to be more intentional about having clients see different types of providers on the team in the same 2 weeks.</p> <p>One reason that some Conway ACT clients are not seen by multiple different ACT Team members regularly might be due to staff members focusing too much on their “primary” caseloads. The ACT Team Leader should carefully monitor clients having contact with different members of the team. It might be helpful for the team to be more intentional about having clients see different types of providers on the team in the same 2 weeks.</p>
		Littleton 4	<input checked="" type="checkbox"/> The provider group functions as a team, and team members know and work with all clients  According to records reviewed, 80% of the Littleton clients reviewed had face-to-face contact with at least 2 staff members in 2 weeks.	<p>The Littleton ACT Team Leader should monitor the frequency that ACT staff rotates contact with different ACT clients. It might be helpful for the team to be more intentional about having clients see different types of providers on the team in the same 2 weeks.</p> <p>One reason that some Littleton ACT clients are not seen by multiple different ACT Team members regularly might be partially due to staff members focusing too much on their “primary” caseloads. The ACT Team Leader should</p>

#	Item	Rating	Rating Rationale	Recommendations
				carefully monitor clients having contact with different members of the team. It might be helpful for the team to be more intentional about having clients see different types of providers on the team in the same 2 weeks.
H3	Program Meeting	Berlin 4	The Berlin ACT team meets on Tuesdays, Wednesdays, and Thursdays. The Berlin ACT team typically reviews the entire list of ACT clients on Wednesdays and Thursday, not Tuesdays.	<p>The Berlin ACT Team might consider adding at least 1 additional treatment team meeting per week to enhance communication and actively monitor team approach.</p> <p>In addition, the Berlin ACT Team would benefit from reviewing all ACT clients at each treatment team meeting. Reviewing each client daily would create more focus and better continuity of care.</p> <p>Lastly, in order to enhance communication and actively monitor team approach, the Berlin ACT Team Leader should require all full time members to attend treatment team meetings daily, as well as all part time ACT Team members to attend team meetings at least 2 days per week.</p>
		Conway 4	<p>The Conway ACT team meets on Mondays, Wednesdays, and Thursdays. The Conway ACT team typically reviews the entire list of ACT clients on Mondays and Thursdays.</p> <p>There was variability in reports regarding whether or not the ACT team reviews all clients during the Wednesday teams.</p>	<p>The Conway ACT Team might consider adding at least 1 additional treatment team meeting per week to enhance communication and actively monitor team approach.</p> <p>In addition, the Conway ACT Team would benefit from reviewing all ACT clients at each treatment team meeting. Reviewing each client daily would create more focus and better continuity of care.</p> <p>Lastly, in order to enhance communication and actively monitor team approach, the Conway ACT Team Leader</p>

#	Item	Rating	Rating Rationale	Recommendations
				should require all full time members to attend treatment team meetings daily, as well as all part time ACT Team members to attend team meetings at least 2 days per week.
		Littleton 3	The Littleton ACT team meets as a large team on Wednesdays, as well as meets as a smaller team on Mondays, Tuesdays, Thursdays, and Fridays. Littleton ACT team typically reviews the entire list of ACT clients on Wednesdays only.	<p>The Littleton ACT Team might consider changing the Monday Tuesday, Wednesday, and Friday teams to a full ACT treatment team meetings.</p> <p>In order to enhance communication and actively monitor team approach, the ACT Team Leader should require all full time members to attend treatment team meetings daily, as well as all part time ACT Team members to attend team meetings at least 2 days per week.</p> <p>In addition, the Littleton ACT Team would benefit from reviewing all ACT clients at each treatment team meeting. Reviewing each client daily would create more focus and better continuity of care.</p>
H4	Practicing ACT Leader	Berlin 5	The Berlin ACT supervisor provides direct client services at least 50% of her time.	
		Conway 4	The Conway ACT supervisor provides direct client services between 25% and 50% of his time.	<p>The Conway ACT Team Leader might want to assure he is tracking all of his diverse direct service activities on a regular basis.</p> <p>The agency might also want to consider working with the Conway ACT Team Leader to identify specific duties and requirements that impede the ACT Team Leader from providing necessary time in direct service to ACT clients. Many ACT Team Leaders start this process by doing a 2</p>

#	Item	Rating	Rating Rationale	Recommendations
				week time study to identify and mitigate those duties and responsibilities that might be preventing the ACT Team Leader from reaching this level of direct services.
		Littleton 5	The Littleton ACT supervisor provides direct client services at least 50% of her time.	
H5	Continuity of Staffing	Berlin 2	<p>The turnover rate for Berlin ACT team in the past 2 years is 69%.</p> <p><i>Item formula:</i>  <math display="block">\frac{\text{\# of staff to leave}}{\text{Total \# of positions}} \times \frac{12}{\text{\# of months}} = \text{Turnover rate}</math></p> <p><i>Item formula:</i>  <math display="block">\frac{11}{8} \times \frac{12}{24} = 0.69</math></p>	<p>The agency might consider setting up a way to gather feedback from their current Berlin ACT Team staff to find out reasons they stay on the ACT Team (retention interviews). The agency might also want to consider gathering data about why staff have left the ACT Team via exit interviews to identify any potential areas for improvement.</p> <p>Staff continuity can also be improved by having a strong team connection. The Berlin ACT Team might consider making time for team building. Ideas include monthly celebrations and annual retreat.</p>
		Conway 3	<p>The turnover rate for Conway ACT team in the past 2 years is 45%.</p> <p><i>Item formula:</i>  <math display="block">\frac{\text{\# of staff to leave}}{\text{Total \# of positions}} \times \frac{12}{\text{\# of months}} = \text{Turnover rate}</math></p> <p><i>Item formula:</i>  <math display="block">\frac{9}{10} \times \frac{12}{24} = 0.45</math></p>	<p>The agency might consider setting up a way to gather feedback from their current Conway ACT Team staff to find out reasons they stay on the ACT Team (retention interviews). The agency might also want to consider gathering data about why staff have left the ACT Team via exit interviews to identify any potential areas for improvement.</p> <p>Staff continuity can also be improved by having a strong team connection. The Conway ACT Team might consider making time for team building. Ideas include monthly celebrations and annual retreat.</p>

#	Item	Rating	Rating Rationale	Recommendations
		Littleton 5	<p>The turnover rate for Littleton ACT team in the past 2 years is 13%.</p> <p><i>Item formula:</i>  <math display="block">\frac{\# \text{ of staff to leave}}{\text{Total \# of positions}} \times \frac{12}{\# \text{ of months}} = \text{Turnover rate}</math> </p> <p><i>Item formula:</i>  <math display="block">\frac{2}{8} \times \frac{12}{24} = 0.13</math> </p>	
H6	Staff Capacity	Berlin 4	<p>The Berlin ACT team operated at 94% of full staffing in the past 12 months.</p> <p><i>Item formula:</i>  <math display="block">\frac{100 \times (\text{sum of vacancies} / \text{month})}{\text{Total \# of staff positions} \times 12} = \% \text{ of absent positions}</math> </p> <p><i>Item formula:</i>  <math display="block">\frac{100 \times 6}{8 \times 12} = 6.25</math> </p>	The Berlin ACT Team Leader should work with their Human Resources and Marketing departments to develop innovative approaches to recruiting ACT staff members for the vacant positions. Maintaining consistent multidisciplinary services, continuity of care, and solid ACT Team coverage requires minimal position vacancies.
		Conway 4	<p>The Conway ACT team operated at 90% of full staffing in the past 12 months.</p> <p><i>Item formula:</i>  <math display="block">\frac{100 \times (\text{sum of vacancies} / \text{month})}{\text{Total \# of staff positions} \times 12} = \% \text{ of absent positions}</math> </p> <p><i>Item formula:</i>  <math display="block">\frac{100 \times 12}{10 \times 12} = 10</math> </p>	The Conway ACT Team Leader should work with their Human Resources and Marketing departments to develop innovative approaches to recruiting ACT staff members for the vacant positions. Maintaining consistent multidisciplinary services, continuity of care, and solid ACT Team coverage requires minimal position vacancies.



#	Item	Rating	Rating Rationale	Recommendations
		Littleton 4	<p>The Littleton ACT team operated at 87% of full staffing in the past 12 months.</p> <p><i>Item formula:</i>  <math display="block">\frac{100 \times (\text{sum of vacancies} / \text{month})}{\text{Total \# of staff positions} \times 12} = \% \text{ of absent positions}</math> </p> <p><i>Item formula:</i>  <math display="block">\frac{100 \times 12}{8 \times 12} = 12.5</math> </p>	The Littleton ACT Team Leader should work with their Human Resources and Marketing departments to develop innovative approaches to recruiting ACT staff members for the vacant positions. Maintaining consistent multidisciplinary services, continuity of care, and solid ACT Team coverage requires minimal position vacancies.
H7	Psychiatrist on Team	Berlin 2	<p>The Berlin ACT psychiatrist is assigned 0.05 FTE on the ACT team, serving 34 ACT clients.</p> <p><i>Item formula:</i>  <math display="block">\frac{\text{FTE value} \times 100}{\text{Number of clients served}} = \text{FTE per 100 clients}</math> </p> <p><i>Item formula:</i>  <math display="block">\frac{0.05 \times 100}{34} = 0.15 \text{ FTE per 100 clients}</math> </p>	ACT is a highly integrated multi-disciplinary team of providers with distinct and defined specific roles. As such, the design, spirit and intent of high fidelity ACT services is to assure all clients have access to ample psychiatry services provided by the ACT Team. Given the current size of the Berlin ACT Team, the agency should explore ways to increase the Psychiatry time to at least 0.35 FTE, and more if the number of clients served increases.
		Conway 4	<p>The Conway ACT psychiatrist is assigned 0.3 FTE on the ACT team, serving 38 ACT clients.</p> <p><i>Item formula:</i>  <math display="block">\frac{\text{FTE value} \times 100}{\text{Number of clients served}} = \text{FTE per 100 clients}</math> </p> <p><i>Item formula:</i>  <math display="block">\frac{0.3 \times 100}{38} = 0.79 \text{ FTE per 100 clients}</math> </p>	ACT is a highly integrated multi-disciplinary team of providers with distinct and defined specific roles. As such, the design, spirit and intent of high fidelity ACT services is to assure all clients have access to ample psychiatry services provided by the ACT Team. Given the current size of the Conway ACT Team, the agency should explore ways to increase the Psychiatry time to at least 0.4 FTE, and more if the number of clients served increases.

#	Item	Rating	Rating Rationale	Recommendations
		Littleton 5	<p>The Littleton ACT psychiatrist is assigned 0.45 FTE on the ACT team, serving 39 ACT clients.</p> <p><i>Item formula:</i>  <math display="block">\frac{\text{FTE value} \times 100}{\text{Number of clients served}} = \text{FTE per 100 clients}</math> </p> <p><i>Item formula:</i>  <math display="block">\frac{0.45 \times 100}{39} = 1.15 \text{ FTE per 100 clients}</math> </p>	
H8	Nurse on Team	Berlin 3	<p>The Berlin ACT Nurse is assigned 0.4 FTE on the ACT team, serving 34 ACT clients.</p> <p><i>Item formula:</i>  <math display="block">\frac{\text{FTE value} \times 100}{\text{Number of clients served}} = \text{FTE per 100 clients}</math> </p> <p><i>Item Formula:</i>  <math display="block">\frac{0.4 \times 100}{34} = 1.2 \text{ FTE per 100 clients}</math> </p>	ACT is a highly integrated multi-disciplinary team of providers with distinct and defined specific roles. As such, the design, spirit and intent of high fidelity ACT services is to assure all clients have access to ample nursing services provided by the ACT Team. Given the size of the Berlin ACT Team, the agency should explore ways to increase Nursing time to at least 0.7 FTE, and more if the number of ACT clients served increases.
		Conway 3	<p>The Conway ACT Nurse is assigned 0.29 FTE on the ACT team, serving 38 ACT clients.</p> <p><i>Item formula:</i>  <math display="block">\frac{\text{FTE value} \times 100}{\text{Number of clients served}} = \text{FTE per 100 clients}</math> </p> <p><i>Item Formula:</i>  <math display="block">\frac{0.29 \times 100}{38} = 0.8 \text{ FTE per 100 clients}</math> </p>	ACT is a highly integrated multi-disciplinary team of providers with distinct and defined specific roles. As such, the design, spirit and intent of high fidelity ACT services is to assure all clients have access to ample nursing services provided by the ACT Team. Given the size of the Conway ACT Team, the agency should explore ways to increase Nursing time to at least 0.8 FTE, and more if the number of ACT clients served increases.

#	Item	Rating	Rating Rationale	Recommendations
		Littleton 3	<p>The Littleton ACT Nurse is assigned 0.4 FTE on the ACT team, serving 39 ACT clients.</p> <p><i>Item formula:</i>  <math display="block">\frac{\text{FTE value} \times 100}{\text{Number of clients served}} = \text{FTE per 100 clients}</math> </p> <p><i>Item Formula:</i>  <math display="block">\frac{0.4 \times 100}{39} = 1.0 \text{ FTE per 100 clients}</math> </p>	ACT is a highly integrated multi-disciplinary team of providers with distinct and defined specific roles. As such, the design, spirit and intent of high fidelity ACT services is to assure all clients have access to ample nursing services provided by the ACT Team. Given the size of the Littleton ACT Team, the agency should explore ways to increase Nursing time to at least 0.8 FTE, and more if the number of ACT clients served increases.
H9	Substance Abuse Specialist (SAS) on Team	Berlin 3	<p>The Berlin ACT SAS is assigned 0.4 FTE on the ACT team, serving 34 ACT clients.</p> <p><i>Item formula:</i>  <math display="block">\frac{\text{FTE value} \times 100}{\text{Number of clients served}} = \text{FTE per 100 clients}</math> </p> <p><i>Item formula:</i>  <math display="block">\frac{0.4 \times 100}{34} = 1.2 \text{ FTE per 100 clients}</math> </p>	ACT is a highly integrated multi-disciplinary team of providers with distinct and defined specific roles. As such, the design, spirit and intent of high fidelity ACT services is to assure all clients have access to ample Co-Occurring Disorder services provided by the ACT Team. Given the size of the Berlin ACT Team, the agency should explore ways to increase SAS time to at least 0.7 FTE, and more if the number of ACT clients served increases.
		Conway 3	<p>The Conway ACT SAS is assigned 0.4 FTE on the ACT team, serving 38 ACT clients.</p> <p><i>Item formula:</i>  <math display="block">\frac{\text{FTE value} \times 100}{\text{Number of clients served}} = \text{FTE per 100 clients}</math> </p> <p><i>Item formula:</i>  <math display="block">\frac{0.4 \times 100}{38} = 1.1 \text{ FTE per 100 clients}</math> </p>	ACT is a highly integrated multi-disciplinary team of providers with distinct and defined specific roles. As such, the design, spirit and intent of high fidelity ACT services is to assure all clients have access to ample Co-Occurring Disorder services provided by the ACT Team. Given the size of the Conway ACT Team, the agency should explore ways to increase SAS time to at least 0.8 FTE, and more if the number of ACT clients served increases.

#	Item	Rating	Rating Rationale	Recommendations
		Littleton 3	<p>There is 1 staff member that is identified as, “SAS” for the Littleton ACT team. According to reports and record reviews, this individual provides case management and FSS for a fast majority of her time.</p> <p>The Littleton ACT SAS is assigned no more than half of her time, 0.5 FTEs, on the ACT team, serving 39 ACT clients.</p> <p><i>Item formula:</i>  <math display="block">\frac{\text{FTE value} \times 100}{\text{Number of clients served}} = \text{FTE per 100 clients}</math> </p> <p><i>Item formula:</i>  <math display="block">\frac{0.5 \times 100}{39} = 1.3 \text{ FTE per 100 clients}</math> </p>	<p>While there was a person “designated” in the SAS role on the Littleton ACT team, multiple services from this person were not Co-Occurring Disorder individual or group counseling services. According to multiple sources, the majority of this person’s services are case management and FSS services, while many clients identified with CODs were frequently not receiving specialized COD treatment. Given the limited SAS time allocation on the Littleton ACT Team, it is difficult for the SAS to fulfill the complete duties of an ACT SAS.</p> <p>The designated SAS should be utilizing her full time position providing individual and group substance abuse services, as well as education and consultation to the Littleton ACT team regarding the COD treatment model for the vast majority of her time.</p>
H10	Vocational Specialist on Team	Berlin 2	<p>The Berlin ACT Vocational Specialist is assigned 0.25 FTE on the ACT team, serving 34 ACT clients.</p> <p><i>Item formula:</i>  <math display="block">\frac{\text{FTE value} \times 100}{\text{Number of clients served}} = \text{FTE per 100 clients}</math> </p> <p><i>Item formula:</i>  <math display="block">\frac{0.25 \times 100}{34} = 0.7 \text{ FTE per 100 clients}</math> </p>	<p>ACT is a highly integrated multi-disciplinary team of providers with distinct and defined specific roles. As such, the design, spirit and intent of high fidelity ACT services is to assure all clients have access to employment services provided by the ACT Team. Given the current size of the Berlin ACT Team, the agency should explore ways to increase the Vocational Specialist time to at least 0.7 FTE, and more if the number of clients served increases.</p>

#	Item	Rating	Rating Rationale	Recommendations
		Conway 3	<p>There is 1 staff member that is identified as, "Vocational Specialist" for the Conway ACT team. According to reports and record reviews, this individual provides case management and FSS for a fast majority of her time. She is on the ACT team 0.75 FTE, divided approximately 0.38 FTE of FSS and case management, and 0.37 FTE of vocational services, serving 38 ACT clients.</p> <p><i>Item formula:</i>  <math display="block">\frac{\text{FTE value} \times 100}{\text{Number of clients served}} = \text{FTE per 100 clients}</math> </p> <p><i>Item formula:</i>  <math display="block">\frac{0.37 \times 100}{38} = 0.97 \text{ FTE per 100 clients}</math> </p>	While there was a person identified in the Vocational Specialist role on the Conway ACT team, multiple services from this person were not employment services. According to multiple sources, the majority of this person's services are case management and FSS services, while many clients identified with employment needs were not receiving employment services. It is difficult for the Vocational Specialist to fulfill the complete duties of this specialty role if this person is providing a majority of other services. The designated Vocational Specialist should be utilizing all of her ACT time, 0.75 FTE, exclusively for providing employment services. Should the number of ACT clients served increases, this time allocation should also increase.
		Littleton 5	<p>The Littleton ACT Vocational Specialist is assigned 1.0 FTE on the ACT team, serving 39 ACT clients.</p> <p><i>Item formula:</i>  <math display="block">\frac{\text{FTE value} \times 100}{\text{Number of clients served}} = \text{FTE per 100 clients}</math> </p> <p><i>Item formula:</i>  <math display="block">\frac{1.0 \times 100}{39} = 2.6 \text{ FTE per 100 clients}</math> </p>	

#	Item	Rating	Rating Rationale	Recommendations
H11	Program Size	Berlin 2	There are currently 4.64 FTE staff assigned to the Berlin ACT team.	The Berlin ACT Team Leader and the agency should increase the Program Size should the need for ACT services increase. Maintaining an adequate staff size with specialty disciplinary backgrounds assures ACT clients are receiving comprehensive, individualized services, as well as assures other clients who might benefit from ACT services have access to ACT services.
		Conway 2	There are currently 4.2 FTE staff assigned to the Conway ACT team.	The Conway ACT Team Leader and the agency should increase the Program Size should the need for ACT services increase. Maintaining an adequate staff size with specialty disciplinary backgrounds assures ACT clients are receiving comprehensive, individualized services, as well as assures other clients who might benefit from ACT services have access to ACT services.
		Littleton 3	There are currently 5.19 FTE staff assigned to the Littleton ACT team.	The Littleton ACT Team Leader and the agency should increase the Program Size should the need for ACT services increase. Maintaining an adequate staff size with specialty disciplinary backgrounds assures ACT clients are receiving comprehensive, individualized services, as well as assures other clients who might benefit from ACT services have access to ACT services.
O1	Explicit Admission Criteria	Berlin 5	<input checked="" type="checkbox"/> The Berlin ACT team has and uses measureable and operationally defined criteria to screen out inappropriate referrals.  <input checked="" type="checkbox"/> The Berlin ACT team actively recruits a defined population and all cases comply with explicit admission criteria.	

#	Item	Rating	Rating Rationale	Recommendations
		Conway 5	<input checked="" type="checkbox"/> The Conway ACT team has and uses measureable and operationally defined criteria to screen out inappropriate referrals.  <input checked="" type="checkbox"/> The Conway ACT team actively recruits a defined population and all cases comply with explicit admission criteria.	
		Littleton 5	<input checked="" type="checkbox"/> The Littleton ACT team has and uses measureable and operationally defined criteria to screen out inappropriate referrals.  <input checked="" type="checkbox"/> The Littleton ACT team actively recruits a defined population and all cases comply with explicit admission criteria.	
O2	Intake Rate	Berlin 5	<input checked="" type="checkbox"/> The highest monthly intake rate in the last 6 months for the Berlin ACT team is no more than 6 clients per month.	
		Conway 5	<input checked="" type="checkbox"/> The highest monthly intake rate in the last 6 months for the Conway ACT team is no more than 6 clients per month.	
		Littleton 5	<input checked="" type="checkbox"/> The highest monthly intake rate in the last 6 months for the Littleton ACT team is no more than 6 clients per month.	

#	Item	Rating	Rating Rationale	Recommendations
O3	Full Responsibility for Treatment Services	Berlin 4	<p>The ACT team provides the following services:</p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Counseling / individual supportive therapy</li> <li><input checked="" type="checkbox"/> Housing support</li> <li><input checked="" type="checkbox"/> Substance abuse treatment</li> <li><input type="checkbox"/> Employment or other rehabilitative counseling / support</li> <li><input checked="" type="checkbox"/> Psychiatric Services</li> </ul> <p>The ACT team brokers some rehabilitative services, as 10-15 ACT clients attend the partial hospitalization program, "Crossroads."</p>	It is imperative that all ACT clients have access to all comprehensive services, including rehabilitative services. Clients benefit when services are integrated into a single team, rather than when they are referred to other non-ACT service providers. Multiple clients on the Berlin ACT team are receiving rehabilitative services from "Crossroads," and this is duplicating the types of individual flexible and intensive rehabilitative services that are a key feature of ACT teams. The ACT team should carefully evaluate if the clients receiving services from "Crossroads" have needs that can be met by intensive services outside of ACT, or if particular clients receiving Crossroads services might be consider using a step-wise approach to transition off of "Crossroad."
		Conway 5	<p>The ACT team provides the following services:</p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Counseling / individual supportive therapy</li> <li><input checked="" type="checkbox"/> Housing support</li> <li><input checked="" type="checkbox"/> Substance abuse treatment</li> <li><input checked="" type="checkbox"/> Employment or other rehabilitative counseling / support</li> <li><input checked="" type="checkbox"/> Psychiatric Services</li> </ul>	
		Littleton 5	<p>The ACT team provides the following services:</p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Counseling / individual supportive therapy</li> <li><input checked="" type="checkbox"/> Housing support</li> <li><input checked="" type="checkbox"/> Substance abuse treatment</li> <li><input checked="" type="checkbox"/> Employment or other rehabilitative counseling / support</li> <li><input checked="" type="checkbox"/> Psychiatric Services</li> </ul>	



#	Item	Rating	Rating Rationale	Recommendations
O4	Responsibility for Crisis Services	Berlin 3	After program hours, ACT clients call Emergency Services (ES), the Berlin ACT team is available in a consulting role to Emergency Services. Sometimes Emergency Services will consult with an ACT team member or a non-ACT CSP staff.	The Berlin ACT Team Leader and agency should work together to develop a protocol for the ACT Team to cover crises 24/7 directly in order to maintain continuity of care. An immediate response can help minimize distress when clients are faced with crises.
		Conway 3	After program hours, ACT clients call ES, the Conway ACT team is available in a consulting role to ES. Sometimes ES will consult the ACT Team Leader, and the ACT team has worked directly with clients after hours.	The Conway ACT Team Leader and agency should work together to develop a protocol for the ACT Team to cover crises 24/7 directly in order to maintain continuity of care. An immediate response can help minimize distress when clients are faced with crises.
		Littleton 3	After program hours, ACT clients call ES, the Littleton ACT team is available in a consulting role to ES. Sometimes ES will consult the ACT Team Leader, and the ACT team has worked directly with clients after hours.	The Littleton ACT Team Leader and agency should work together to develop a protocol for the ACT Team to cover crises 24/7 directly in order to maintain continuity of care. An immediate response can help minimize distress when clients are faced with crises.
O5	Responsibility for Hospital Admissions	Berlin 2	According to the ACT team data reviewed, the Berlin ACT team is involved in 20% of hospital admissions that were reviewed.	<p>The Berlin ACT Team should closely monitor all clients regularly so the ACT Team might either divert a crisis or be involved in hospital admissions. When ACT is involved with hospitalizations, more appropriate use of psychiatric hospitalization occurs and continuity of care is maintained.</p> <p>Assisting with crises after hours might provide more opportunity for the Berlin ACT team to be involved with hospital admissions (See recommendation in Item O4). If the agency utilizes a liaison for hospitalizations, the Berlin ACT team should consider coming up with a protocol for the liaison to connect hospital staff directly with the ACT team, when possible.</p>

#	Item	Rating	Rating Rationale	Recommendations
		Conway 4	According to the ACT team data reviewed, the Conway ACT team is involved in 83% of hospital admissions that were reviewed.	<p>The Conway ACT Team should closely monitor all clients regularly so the ACT Team might either divert a crisis or be involved in hospital admissions. When the ACT Team is involved with psychiatric hospitalizations, more appropriate use of psychiatric hospitalization occurs and continuity of care is maintained.</p> <p>Assisting with crises after hours might provide more opportunity for the Conway ACT team to be involved with hospital admissions (See recommendation in Item O4). If the agency utilizes a liaison for hospitalizations, the Conway ACT team should consider coming up with a protocol for the liaison to connect hospital staff directly with the ACT team, when possible.</p>
		Littleton 4	According to the ACT team data reviewed, the Littleton ACT team is involved in 66% of hospital admissions that were reviewed.	<p>The Littleton ACT Team should closely monitor all clients regularly so the ACT Team might either divert a crisis or be involved in hospital admissions. When the ACT Team is involved with psychiatric hospitalizations, more appropriate use of psychiatric hospitalization occurs and continuity of care is maintained.</p> <p>Assisting with crises after hours might provide more opportunity for the Littleton ACT team to be involved with hospital admissions (See recommendation in Item O4). If the agency utilizes a liaison for hospitalizations, the Littleton ACT team should consider coming up with a protocol for the liaison to connect hospital staff directly with the ACT team, when possible.</p>

#	Item	Rating	Rating Rationale	Recommendations
O6	Responsibility for Hospital Discharge Planning	Berlin 2	The Berlin ACT team is involved in 14% of hospital discharges that were reviewed.	The Berlin ACT Team should work closely and directly with hospital staff and the client throughout a client's psychiatric hospitalization in order to maintain continuity of care and play an active role in discharge planning. If the agency utilizes a liaison for hospitalizations, the ACT team should consider coming up with a protocol for the liaison to connect hospital staff directly with the ACT team, when possible. Providing ACT team crisis coverage for an increased amount of time would also assist with team involvement in hospital admissions.
		Conway 4	The Conway ACT team is involved in 80% of hospital admissions that were reviewed.	The Conway ACT Team should work closely and directly with hospital staff and the client throughout a client's psychiatric hospitalization in order to maintain continuity of care and play an active role in discharge planning. If the agency utilizes a liaison for hospitalizations, the ACT team should consider coming up with a protocol for the liaison to connect hospital staff directly with the ACT team, when possible. Providing ACT team crisis coverage for an increased amount of time would also assist with team involvement in hospital admissions.
		Littleton 3	The Littleton ACT team is involved in 50% of hospital discharges that were reviewed.	The Littleton ACT Team should work closely and directly with hospital staff and the client throughout a client's psychiatric hospitalization in order to maintain continuity of care and play an active role in discharge planning. If the agency utilizes a liaison for hospitalizations, the ACT team should consider coming up with a protocol for the liaison to connect hospital staff directly with the ACT team, when possible. Providing ACT team crisis coverage for an increased amount of time would also assist with team involvement in hospital admissions.

#	Item	Rating	Rating Rationale	Recommendations
O7	Time-unlimited Services	Berlin 4	According to ACT staff reports and data reviewed, the Berlin ACT team expects to discharge 15% of ACT clients annually.	It is important the Berlin ACT Team develop a structured and thoughtful step down process for ACT clients who will be graduating from ACT services to a lower level of care. The ACT Team Leader might also want to consider carefully tracking appropriateness of referrals into the ACT Team.
		Conway 4	According to ACT staff reports and data reviewed, the Conway ACT team expects to discharge 12% of ACT clients annually.	It is important the Conway ACT Team develop a structured and thoughtful step down process for ACT clients who will be graduating from ACT services to a lower level of care. The ACT Team Leader might also want to consider carefully tracking appropriateness of referrals into the ACT Team.
		Littleton 5	According to ACT staff reports and data reviewed, the Littleton ACT team expects to discharge 4% of ACT clients annually.	
S1	Community-based Services	Berlin 5	<input checked="" type="checkbox"/> The Berlin ACT team provides at least 80% of total face-to-face contacts in community	
		Conway 4	<input type="checkbox"/> The Conway ACT team provides at least 80% of total face-to-face contacts in community  According to records reviewed, the Conway ACT team provides face-to-face contacts in the community approximately 73% of the time.	It would be worthwhile for the Conway ACT Team Leader to run occasional reports that provide feedback to team members on the percentage of time services are provided in the community.
		Littleton 5	<input checked="" type="checkbox"/> The Littleton ACT team provides at least 80% of total face-to-face contacts in community.	

#	Item	Rating	Rating Rationale	Recommendations
S2	No Drop-out Policy	Berlin 4	<p>82% of the Berlin ACT team caseload was retained over a 12-month period.</p> <p>Item formula:  <math display="block">\frac{\# \text{ discharged, dropped, moved w/out referral}}{\text{Total number of clients}}</math> </p> <p>Item formula:  <math display="block">\frac{6}{34} = 0.18 \text{ or } 18\% \text{ drop out}</math> </p>	The Berlin ACT Team should closely monitor the rate and reasons that clients drop out of services to ensure that multiple active engagement strategies are used with clients who are challenging to engage.
		Conway 5	<p>95% of the Conway ACT team caseload was retained over a 12-month period.</p> <p>Item formula:  <math display="block">\frac{\# \text{ discharged, dropped, moved w/out referral}}{\text{Total number of clients}}</math> </p> <p>Item formula:  <math display="block">\frac{2}{39} = 0.05 \text{ or } 5\% \text{ drop out}</math> </p>	
		Littleton 4	<p>89% of the Littleton ACT team caseload was retained over a 12-month period.</p> <p>Item formula:  <math display="block">\frac{\# \text{ discharged, dropped, moved w/out referral}}{\text{Total number of clients}}</math> </p> <p>Item formula:  <math display="block">\frac{4}{38} = 0.11 \text{ or } 11\% \text{ drop out}</math> </p>	The Littleton ACT Team should closely monitor the rate and reasons that clients drop out of services to ensure that multiple active engagement strategies are used with clients who are challenging to engage.

#	Item	Rating	Rating Rationale	Recommendations
S3	Assertive Engagement Mechanisms	Berlin 5	☑ The Berlin ACT team demonstrates consistently well thought out strategies and uses street outreach and legal mechanisms whenever appropriate for assertive engagement	
		Conway 5	☑ The Conway ACT team demonstrates consistently well thought out strategies and uses street outreach and legal mechanisms whenever appropriate for assertive engagement	
		Littleton 4	The Littleton ACT team sometimes demonstrates well thought out strategies and uses street outreach and legal mechanisms. Some ACT staff did not seem to use outreach strategies consistently, and no ACT team staff member identified using individual support networks as a strategy for engagement or outreach.	It would be useful for the Littleton ACT Team Leader to develop a protocol list of outreach and engagement strategies that should be used by team members to engage clients who are hesitant about ACT services. It would be useful to review clients who need outreach strategies on a regular basis during ACT Team meetings. Also, please see recommendation in Item S6 to assist with this.
S4	Intensity of Services	Berlin 5	According to the data reviewed, the Berlin ACT team averages 154 minutes of face-face contacts / week.	
		Conway 4	According to the data reviewed, the Conway ACT team averages 99 minutes of face-to-face contacts per week.	It may be useful for the Conway ACT Team Leader to provide specific feedback to ACT Team staff on the amount of service hours per week provided to specific ACT clients. High service intensity of often required to help clients maintain and improve their functioning in the community.
		Littleton 4	According to the data reviewed, the Littleton ACT team averages 111 minutes of face-to-face contacts per week.	It may be useful for the Littleton ACT Team Leader to provide specific feedback to ACT Team staff on the amount of service hours per week provided to specific ACT clients. High service intensity of often required to help clients maintain and improve their functioning in the community.

#	Item	Rating	Rating Rationale	Recommendations
S5	Frequency of Contact	Berlin 4	Over a month-long period reviewed, the Berlin ACT team averages 3.5 face-to-face contacts per week.	It may be useful for the Berlin ACT Team Leader to provide specific feedback to ACT Team members on the frequency of service contacts provided on a weekly basis to ACT clients. Frequent contact provides ongoing, responsive support and is associated with improved client outcomes.
		Conway 3	Over a month-long period reviewed, the Conway ACT team averages 2.8 face-to-face contacts per week.	It may be useful for the Conway ACT Team Leader to provide specific feedback to ACT Team members on the frequency of service contacts provided on a weekly basis to ACT clients. Frequent contact provides ongoing, responsive support and is associated with improved client outcomes.
		Littleton 3	Over a month-long period reviewed, the Littleton ACT team averages 2 face-to-face contacts per week.	It may be useful for the Littleton ACT Team Leader to provide specific feedback to ACT Team members on the frequency of service contacts provided on a weekly basis to ACT clients. Frequent contact provides ongoing, responsive support and is associated with improved client outcomes.
S6	Work with Support System	Berlin 1	<p>For 34 clients, the Berlin ACT team averages .024 contacts per month with the client's informal support system in the community, according to the data reviewed.</p> <p><i>Item formula:</i>  <math display="block">\frac{\text{Contact\# / month} \times \text{clients w/networks}}{\text{Total \# of clients on team}}</math></p> <p><i>Item formula:</i>  <math display="block">\frac{1.6 \times 5}{34} = 0.24</math></p>	<p>Sometimes ACT Team members assume that ACT clients have very limited support networks or that ACT clients deny permission to work with support systems regularly. While it's true that some ACT clients might have limited family contacts, most still have contacts with a broadly defined individual support network in their community.</p> <p>It is useful to train ACT staff on multiple ways to ask about who is in a person's support network and to also train ACT staff to ask multiple times about contacting a person's support network across all services. For example, it might be useful to identify a client's strengths for employment or high-risk situations for substance use triggers.</p>

#	Item	Rating	Rating Rationale	Recommendations
		Conway 3	<p>For 39 clients, the Conway ACT team averages 1.2 contacts per month with the client's informal support system in the community, according to the data reviewed.</p> <p><i>Item formula:</i>  <math display="block">\frac{\text{Contact\# / month} \times \text{clients w/networks}}{\text{Total \# of clients on team}}</math> <i>Item formula:</i>  <math display="block">\frac{1.8 \times 27}{39} = 1.2</math></p>	<p>Sometimes ACT Team members assume that ACT clients have very limited support networks or that ACT clients deny permission to work with support systems regularly. While it's true that some ACT clients might have limited family contacts, most still have contacts with a broadly defined individual support network in their community.</p> <p>It is useful to train ACT staff on multiple ways to ask about who is in a person's support network and to also train ACT staff to ask multiple times about contacting a person's support network across all services. For example, it might be useful to identify a client's strengths for employment or high-risk situations for substance use triggers.</p>
		Littleton 1	<p>For 38 clients, the Littleton ACT team averages 1.2 contacts per month with the client's informal support system in the community, according to the data reviewed.</p> <p><i>Item formula:</i>  <math display="block">\frac{\text{Contact\# / month} \times \text{clients w/networks}}{\text{Total \# of clients on team}}</math> <i>Item formula:</i>  <math display="block">\frac{1.05 \times 10}{38} = 0.28</math></p>	<p>Sometimes ACT Team members assume that ACT clients have very limited support networks or that ACT clients deny permission to work with support systems regularly. While it's true that some ACT clients might have limited family contacts, most still have contacts with a broadly defined individual support network in their community.</p> <p>It is useful to train ACT staff on multiple ways to ask about who is in a person's support network and to also train ACT staff to ask multiple times about contacting a person's support network across all services. For example, it might be useful to identify a client's strengths for employment or high-risk situations for substance use triggers.</p>



#	Item	Rating	Rating Rationale	Recommendations
S7	Individualized Substance Abuse Treatment	Berlin 4	<p>According to the data reviewed, Berlin ACT clients with a Co-Occurring Disorder average 7.5 minutes per week in formal substance abuse counseling.</p> <p>Item formula: Sum of COD session mins / (# of SAS clients reviewed w/ COD X 4 weeks) = average mins / week</p> <p><math>90 / (3 \times 4) = 7.5</math> average minutes per week</p>	Given the limited SAS time allocation on the Berlin ACT Team, it is difficult for the SAS to fulfill the complete duties of an ACT SAS, including providing individual and group Substance Abuse Treatment, as well as providing education and consultation to the team regarding the COD treatment model. Increasing the SAS time on the ACT Team (See Recommendation H9) would be one critical step to meeting the needs of ACT clients with CODs. The SAS might also benefit from additional training regarding formal individual substance abuse treatment.
		Conway 3	<p>According to the data reviewed, Conway ACT clients with a Co-Occurring Disorder do not regularly receive individualized substance abuse treatment.</p> <p>None of the client records reviewed for clients with Co-Occurring Disorders included documentation for individualized substance abuse treatment.</p>	Given the limited SAS time allocation on the Conway ACT Team, it is difficult for the SAS to fulfill the complete duties of an ACT SAS, including providing individual and group Substance Abuse Treatment, as well as providing education and consultation to the team regarding the Co-Occurring Disorders treatment model. Increasing the SAS time on the ACT Team (See Recommendation H9) would be one critical step to meeting the needs of ACT clients with CODs. The SAS might also benefit from additional training regarding formal individual substance abuse treatment.
		Littleton 2	<p>According to the data reviewed, Littleton ACT clients with a Co-Occurring Disorder do not regularly receive individualized substance abuse treatment. None of the client records reviewed for those with Co-Occurring Disorders received individualized substance abuse treatment.</p>	While there was a person “designated” in the SAS role on the Littleton ACT team, multiple services from this person were provided to clients not identified as having a Co-Occurring Disorders. The designated SAS should be providing individual and group substance abuse services for the vast majority of her time, as well as education and consultation to the team regarding the COD treatment model. The SAS might also benefit from additional training regarding formal individual substance abuse treatment.

#	Item	Rating	Rating Rationale	Recommendations
S8	Co-Occurring Disorder Treatment Groups	Berlin 2	According to the data reviewed, 13% of the ACT clients who have a Co-Occurring Disorder attended Co-Occurring Disorder treatment groups on at least a monthly basis.	Research continues to demonstrate that structured Co-Occurring Disorders groups are one of the most effective treatment strategies to reduce impairments and challenges related to substance use. Given the limited SAS time allocation on the Berlin ACT Team, it is difficult for the SAS to fulfill the complete duties of an ACT SAS, including providing COD treatment groups. Increasing the SAS time on the ACT Team (See Recommendation H9) would be one critical step to meeting the needs of ACT clients with CODs, including providing COD groups. The SAS might also benefit from additional training regarding providing COD group services.
		Conway 1	The Conway ACT team does not have clients currently participating in COD groups.	Research continues to demonstrate that structured Co-Occurring Disorders groups are one of the most effective treatment strategies to reduce impairments and challenges related to substance use. Given the limited SAS time allocation on the Conway ACT Team, it is difficult for the SAS to fulfill the complete duties of an ACT SAS, including providing COD treatment groups. Increasing the SAS time on the ACT Team (See Recommendation H9) would be one critical step to meeting the needs of ACT clients with CODs, including providing COD groups. The SAS might also benefit from additional training regarding providing COD group services.
		Littleton 1	The Littleton ACT team does not have clients currently participating in COD groups.	Research continues to demonstrate that structured Co-Occurring Disorders groups are one of the most effective treatment strategies to reduce impairments and challenges related to substance use. Given the limited SAS time allocation on the Littleton ACT Team, it is difficult for the SAS to fulfill the complete duties of an ACT SAS, including

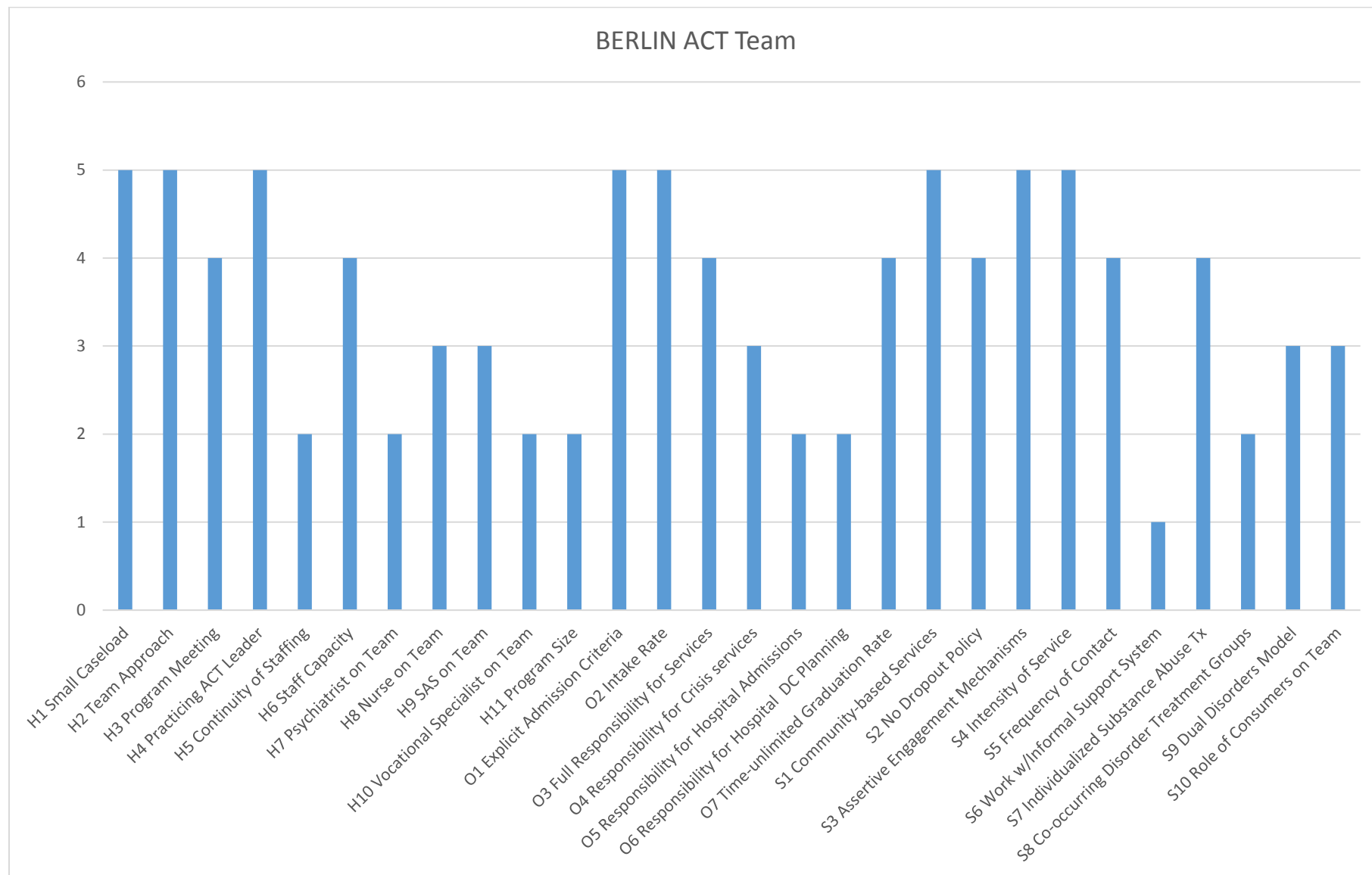
#	Item	Rating	Rating Rationale	Recommendations
				providing COD treatment groups. Increasing the SAS time on the ACT Team (See Recommendation H9) would be one critical step to meeting the needs of ACT clients with CODs, including providing COD groups. The SAS might also benefit from additional training regarding providing COD group services.
S9	Co-occurring Disorders (Dual Disorders) Model	Berlin 3	<p>The Berlin ACT Team appears to use a mixed and varied approach to working with clients who have a Co-Occurring Disorder.</p> <p>Though the Team Leader and SAS seemed to have a great deal of knowledge regarding the Dual Disorder Model, ACT staff as a whole only seem to have partial knowledge about Dual Disorder Model philosophies and stage-wise interventions.</p> <p>There appeared to be some consistent strategies from some staff on the team for working with clients with Co-Occurring Disorders in different stages of change.</p>	<p>The Berlin ACT Team Leader and the SAS should take a Leadership role in assuring the ACT Team has a good understanding of the Co-Occurring Disorders model philosophies and stage-wise approaches, including reviewing clients CODs and what interventions are provided during ACT daily meetings. The agency also might consider offering additional COD training to ACT staff.</p> <p>Increasing SAS FTEs (See Recommendation in Item H9) would be another critical step to meeting the needs of Berlin ACT Team clients with Co-Occurring Disorders and assuring the ACT Team has a good understanding of the Dual Disorder Model philosophies and stage-wise approaches.</p>
		Conway 3	<p>The Conway ACT Team appears to use a mixed and varied approach to working with clients who have a Co-Occurring Disorder.</p> <p>Though the Team Leader and SAS seemed to have a great deal of knowledge regarding the Dual Disorder Model, ACT staff as a whole only seem to have partial knowledge about Dual Disorder Model philosophies and stage-wise interventions.</p>	<p>The Conway ACT Team Leader and the SAS should take a Leadership role in assuring the ACT Team has a good understanding of the Co-Occurring Disorders model philosophies and stage-wise approaches, including reviewing clients CODs and what interventions are provided during ACT daily meetings. The agency also might consider offering additional COD training to ACT staff.</p> <p>Increasing SAS FTEs (See Recommendation in Item H9) would be another critical step to meeting the needs of</p>

#	Item	Rating	Rating Rationale	Recommendations
			There appeared to be some consistent strategies from some staff on the team for working with clients with Co-Occurring Disorders in different stages of change.	Conway ACT Team clients with Co-Occurring Disorders and assuring the ACT Team has a good understanding of the Dual Disorder Model philosophies and stage-wise approaches.
		Littleton 2	<p>The Littleton ACT team appears to use a mixed and varied approach to working with clients who have a Co-Occurring Disorder.</p> <p>Though, the Team Leader and SAS seem to have some knowledge of the Dual Disorder Model, the ACT team as a whole seems to have limited knowledge about Dual Disorder Model philosophies and stage-wise interventions and seem to primarily be using a traditional approach to substance abuse treatment.</p> <p>There appeared to be no consistent strategies for working with clients with Co-Occurring Disorder in different stages of change.</p>	<p>The Littleton ACT Team Leader and the SAS should take a Leadership role in assuring the ACT Team has a good understanding of the Co-Occurring Disorders model philosophies and stage-wise approaches, including reviewing clients CODs and what interventions are provided during ACT daily meetings. The agency also might consider offering additional COD training to ACT staff.</p> <p>Increasing SAS FTEs (See H9 Recommendation) would be another critical step to meeting the needs of Littleton ACT Team clients with Co-Occurring Disorders and assuring the ACT Team has a good understanding of the Dual Disorder Model philosophies and stage-wise approaches.</p>
S10	Role of Peer Specialist on Team	Berlin 3	<input checked="" type="checkbox"/> The ACT team has a consumer that has full professional status  <input type="checkbox"/> The consumer is employed full time on the ACT team	Research demonstrates that including peers as full team members improves practice culture, making it more attuned to clients' perspectives. Having a full time ACT Peer Specialist on the Berlin ACT Team would be a critical step to meeting the complete duties of an ACT Peer Specialist.
		Conway 3	<input checked="" type="checkbox"/> The ACT team has a consumer that has full professional status  <input type="checkbox"/> The consumer is employed full time on the ACT team	Research demonstrates that including peers as full team members improves practice culture, making it more attuned to clients' perspectives. Having a full time ACT Peer Specialist on the Conway ACT Team would be a critical step to meeting the complete duties of an ACT Peer Specialist.

#	Item	Rating	Rating Rationale	Recommendations
		Littleton 3	<input checked="" type="checkbox"/> The ACT team has a consumer that has full professional status  <input type="checkbox"/> The consumer is employed full time on the ACT team	Research demonstrates that including peers as full team members improves practice culture, making it more attuned to clients' perspectives. Having a full time ACT Peer Specialist on the Littleton ACT Team would be a critical step to meeting the complete duties of an ACT Peer Specialist.

BERLIN ACT Score Sheet	
Items	Rating 1 -5
H1 Small Caseload	5
H2 Team Approach	5
H3 Program Meeting	4
H4 Practicing ACT Leader	5
H5 Continuity of Staffing	2
H6 Staff Capacity	4
H7 Psychiatrist on Team	2
H8 Nurse on Team	3
H9 SAS on Team	3
H10 Vocational Specialist on Team	2
H11 Program Size	2
O1 Explicit Admission Criteria	5
O2 Intake Rate	5
O3 Full Responsibility for Services	4
O4 Responsibility for Crisis services	3
O5 Responsibility for Hospital Admissions	2
O6 Responsibility for Hospital DC Planning	2
O7 Time-unlimited Graduation Rate	4
S1 Community-based Services	5
S2 No Dropout Policy	4
S3 Assertive Engagement Mechanisms	5
S4 Intensity of Service	5
S5 Frequency of Contact	4
S6 Work w/Informal Support System	1
S7 Individualized Substance Abuse Treatment	4
S8 Co-occurring Disorder Treatment Groups	2
S9 Dual Disorders Model	3
S10 Role of Consumers on Team	3
<b>Total</b>	<b>98</b>

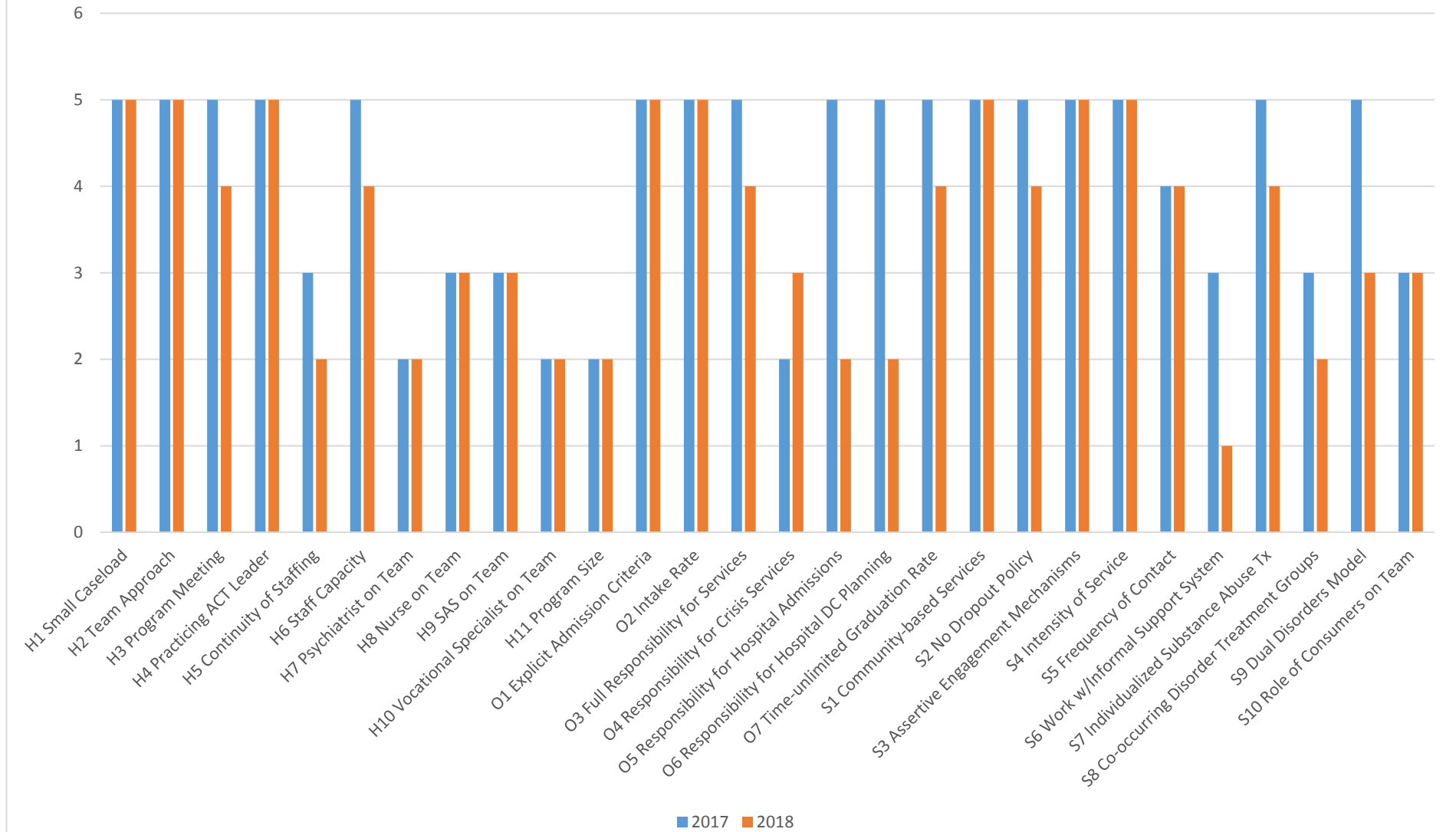
113 - 140 = Full Implementation
85 - 112 = Fair Implementation
84 and below = Not ACT



<b>BERLIN ACT Year Comparison</b>	<b>2017</b>	<b>2018</b>
H1 Small Caseload	5	5
H2 Team Approach	5	5
H3 Program Meeting	5	4
H4 Practicing ACT Leader	5	5
H5 Continuity of Staffing	3	2
H6 Staff Capacity	5	4
H7 Psychiatrist on Team	2	2
H8 Nurse on Team	3	3
H9 SAS on Team	3	3
H10 Vocational Specialist on Team	2	2
H11 Program Size	2	2
O1 Explicit Admission Criteria	5	5
O2 Intake Rate	5	5
O3 Full Responsibility for Services	5	4
O4 Responsibility for Crisis Services	2	3
O5 Responsibility for Hospital Admissions	5	2
O6 Responsibility for Hospital DC Planning	5	2
O7 Time-unlimited Graduation Rate	5	4
S1 Community-based Services	5	5
S2 No Dropout Policy	5	4
S3 Assertive Engagement Mechanisms	5	5
S4 Intensity of Service	5	5
S5 Frequency of Contact	4	4
S6 Work w/Informal Support System	3	1
S7 Individualized Substance Abuse Treatment	5	4
S8 Co-occurring Disorder Treatment Groups	3	2
S9 Dual Disorders Model	5	3
S10 Role of Consumers on Team	3	3
<b>Total</b>	<b>115</b>	<b>98</b>

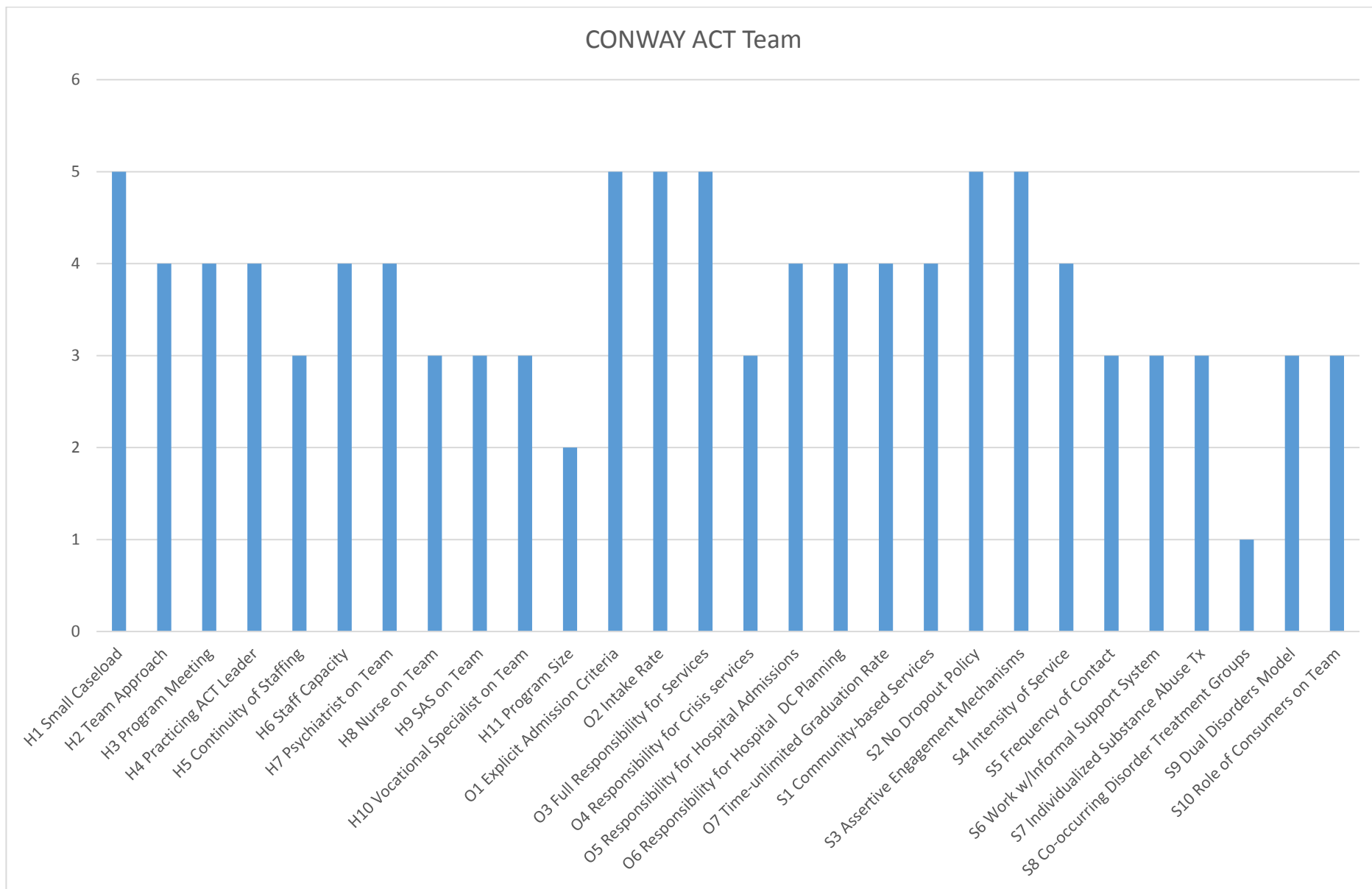


## BERLIN ACT Team Year Comparison



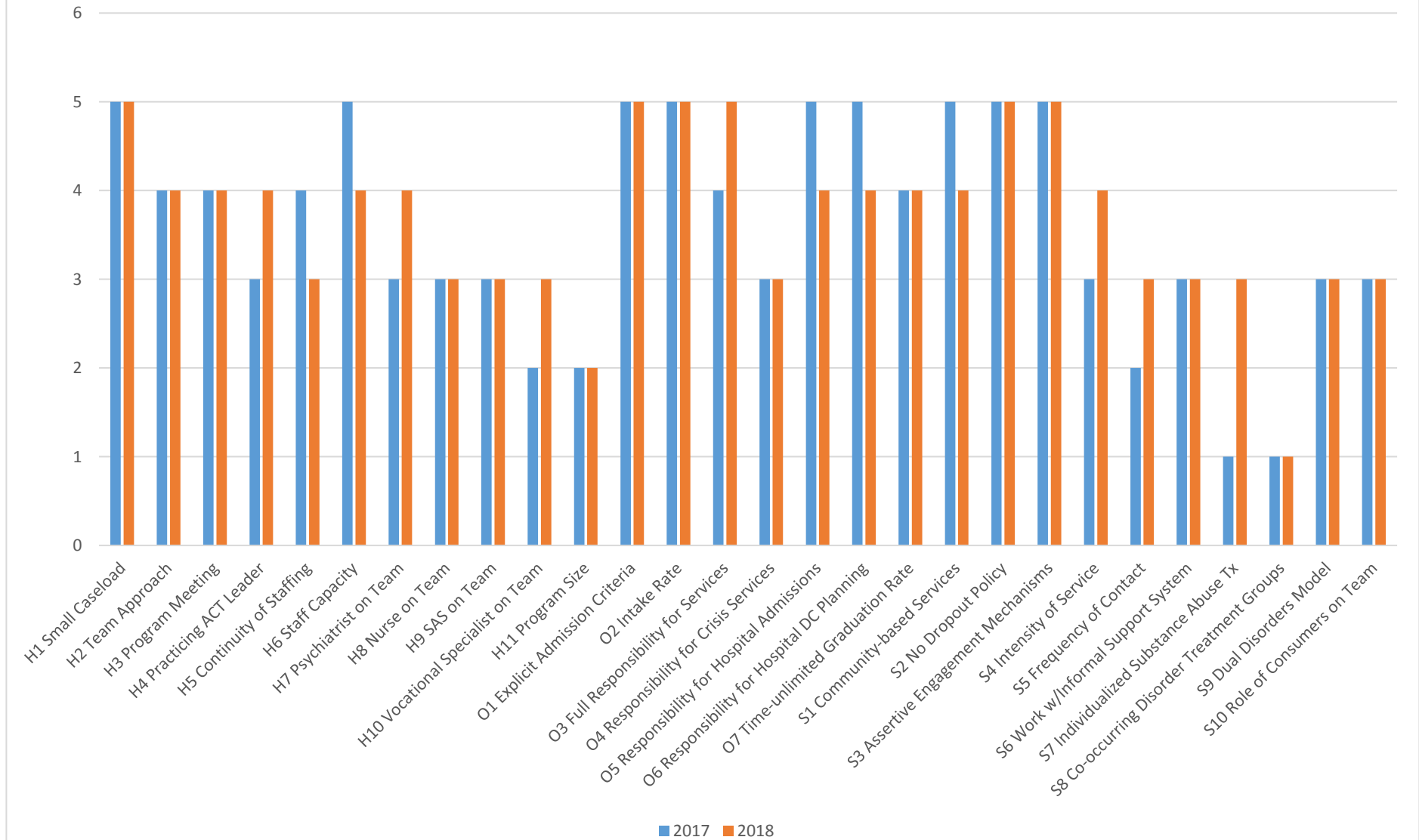
CONWAY ACT Score Sheet	
Items	Rating 1 -5
H1 Small Caseload	5
H2 Team Approach	4
H3 Program Meeting	4
H4 Practicing ACT Leader	4
H5 Continuity of Staffing	3
H6 Staff Capacity	4
H7 Psychiatrist on Team	4
H8 Nurse on Team	3
H9 SAS on Team	3
H10 Vocational Specialist on Team	3
H11 Program Size	2
O1 Explicit Admission Criteria	5
O2 Intake Rate	5
O3 Full Responsibility for Services	5
O4 Responsibility for Crisis services	3
O5 Responsibility for Hospital Admissions	4
O6 Responsibility for Hospital DC Planning	4
O7 Time-unlimited Graduation Rate	4
S1 Community-based Services	4
S2 No Dropout Policy	5
S3 Assertive Engagement Mechanisms	5
S4 Intensity of Service	4
S5 Frequency of Contact	3
S6 Work w/Informal Support System	3
S7 Individualized Substance Abuse Treatment	3
S8 Co-occurring Disorder Treatment Groups	1
S9 Dual Disorders Model	3
S10 Role of Consumers on Team	3
<b>Total</b>	<b>103</b>

113 - 140 = Full Implementation
85 - 112 = Fair Implementation
84 and below = Not ACT



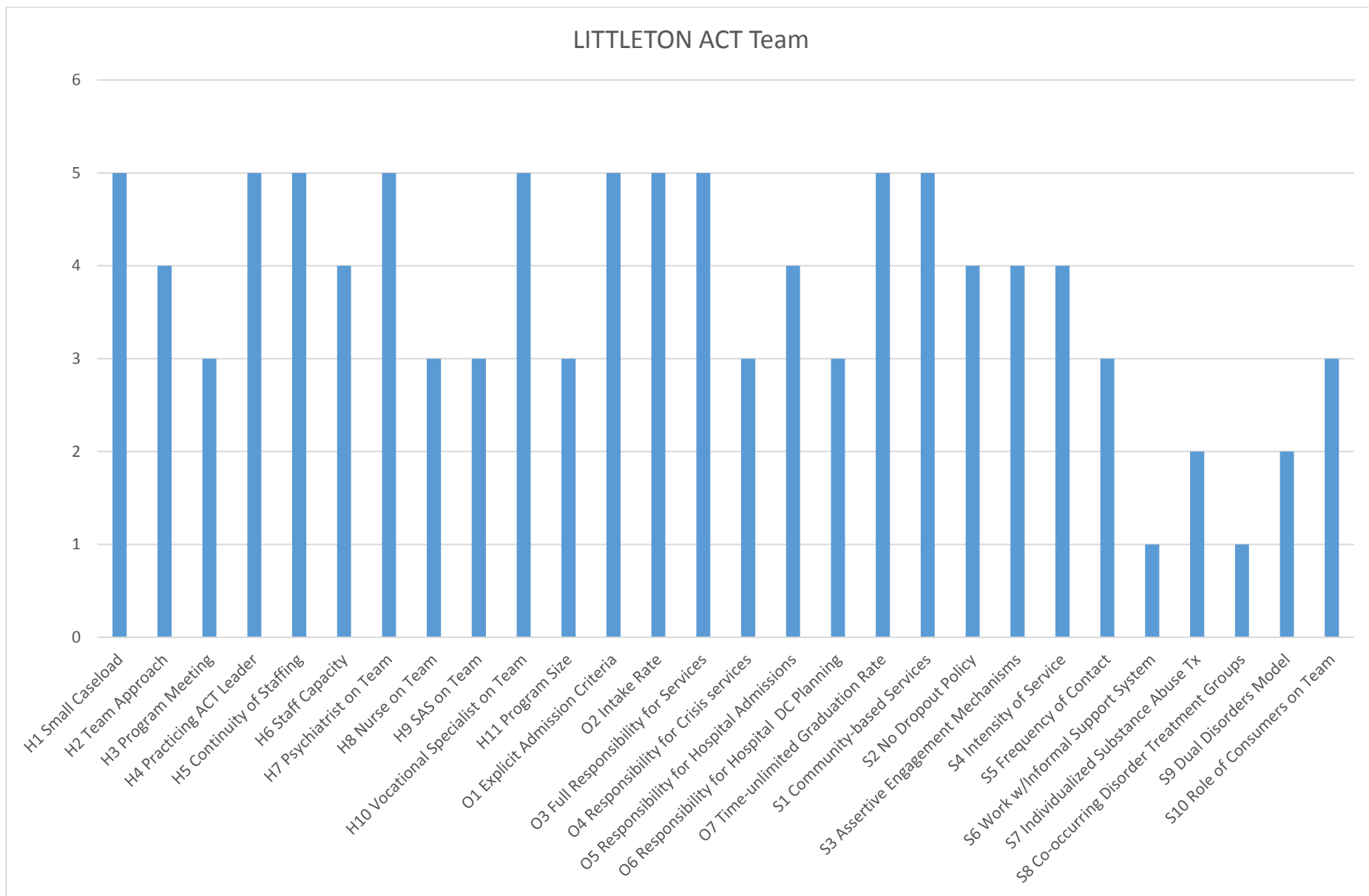
<b>CONWAY ACT Year Comparison</b>	<b>2017</b>	<b>2018</b>
H1 Small Caseload	5	5
H2 Team Approach	4	4
H3 Program Meeting	4	4
H4 Practicing ACT Leader	3	4
H5 Continuity of Staffing	4	3
H6 Staff Capacity	5	4
H7 Psychiatrist on Team	3	4
H8 Nurse on Team	3	3
H9 SAS on Team	3	3
H10 Vocational Specialist on Team	2	3
H11 Program Size	2	2
O1 Explicit Admission Criteria	5	5
O2 Intake Rate	5	5
O3 Full Responsibility for Services	4	5
O4 Responsibility for Crisis Services	3	3
O5 Responsibility for Hospital Admissions	5	4
O6 Responsibility for Hospital DC Planning	5	4
O7 Time-unlimited Graduation Rate	4	4
S1 Community-based Services	5	4
S2 No Dropout Policy	5	5
S3 Assertive Engagement Mechanisms	5	5
S4 Intensity of Service	3	4
S5 Frequency of Contact	2	3
S6 Work w/Informal Support System	3	3
S7 Individualized Substance Abuse Treatment	1	3
S8 Co-occurring Disorder Treatment Groups	1	1
S9 Dual Disorders Model	3	3
S10 Role of Consumers on Team	3	3
<b>Total</b>	<b>100</b>	<b>103</b>

## CONWAY ACT Team Year Comparison



LITTLETON ACT Score Sheet	
Items	Rating 1 -5
H1 Small Caseload	5
H2 Team Approach	4
H3 Program Meeting	3
H4 Practicing ACT Leader	5
H5 Continuity of Staffing	5
H6 Staff Capacity	4
H7 Psychiatrist on Team	5
H8 Nurse on Team	3
H9 SAS on Team	3
H10 Vocational Specialist on Team	5
H11 Program Size	3
O1 Explicit Admission Criteria	5
O2 Intake Rate	5
O3 Full Responsibility for Services	5
O4 Responsibility for Crisis services	3
O5 Responsibility for Hospital Admissions	4
O6 Responsibility for Hospital DC Planning	3
O7 Time-unlimited Graduation Rate	5
S1 Community-based Services	5
S2 No Dropout Policy	4
S3 Assertive Engagement Mechanisms	4
S4 Intensity of Service	4
S5 Frequency of Contact	3
S6 Work w/Informal Support System	1
S7 Individualized Substance Abuse Treatment	2
S8 Co-occurring Disorder Treatment Groups	1
S9 Dual Disorders Model	2
S10 Role of Consumers on Team	3
<b>Total</b>	<b>104</b>

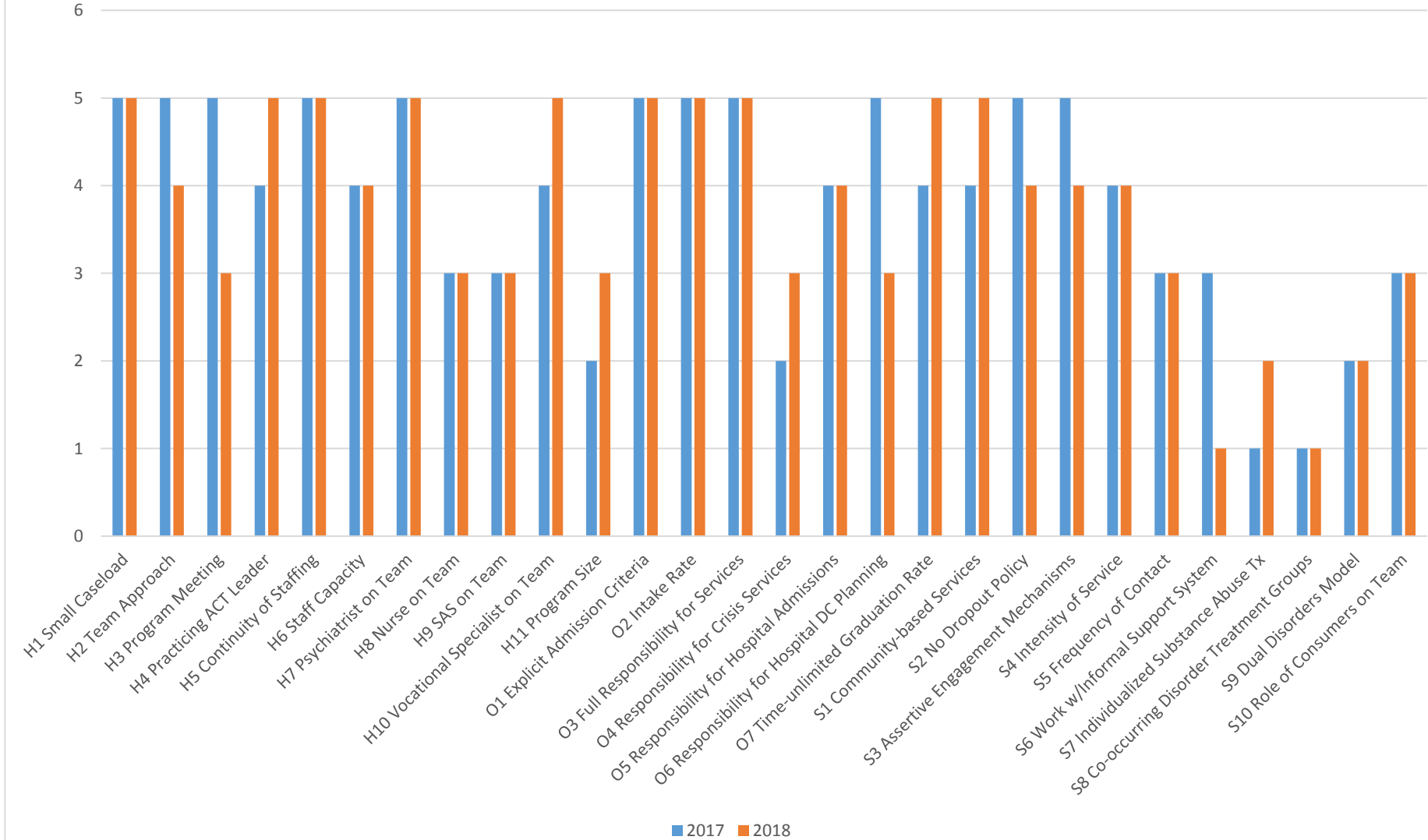
113 - 140 = Full Implementation
85 - 112 = Fair Implementation
84 and below = Not ACT



<b>LITTLETON ACT Year Comparison</b>	<b>2017</b>	<b>2018</b>
H1 Small Caseload	5	5
H2 Team Approach	5	4
H3 Program Meeting	5	3
H4 Practicing ACT Leader	4	5
H5 Continuity of Staffing	5	5
H6 Staff Capacity	4	4
H7 Psychiatrist on Team	5	5
H8 Nurse on Team	3	3
H9 SAS on Team	3	3
H10 Vocational Specialist on Team	4	5
H11 Program Size	2	3
O1 Explicit Admission Criteria	5	5
O2 Intake Rate	5	5
O3 Full Responsibility for Services	5	5
O4 Responsibility for Crisis Services	2	3
O5 Responsibility for Hospital Admissions	4	4
O6 Responsibility for Hospital DC Planning	5	3
O7 Time-unlimited Graduation Rate	4	5
S1 Community-based Services	4	5
S2 No Dropout Policy	5	4
S3 Assertive Engagement Mechanisms	5	4
S4 Intensity of Service	4	4
S5 Frequency of Contact	3	3
S6 Work w/Informal Support System	3	1
S7 Individualized Substance Abuse Treatment	1	2
S8 Co-occurring Disorder Treatment Groups	1	1
S9 Dual Disorders Model	2	2
S10 Role of Consumers on Team	3	3
<b>Total</b>	<b>106</b>	<b>104</b>



LITTLETON ACT Team Year Comparison



**CMHC ACT Quality Improvement Plan**  
**Northern Human Services-Berlin**

Date of Final ACT Fidelity Report: 10/13/18

Current Date: 11/14/2018

**SECTION I**

Fidelity Indicator in Need of Improvement: SAS on Team

Fidelity Baseline Score: 3

**SECTION II**

Improvement Target Score: 4

Target Completion Date: 11/13/2018

Improvement Strategies (select all that apply): Infrastructure Improvement

If "Other - Please describe" is chosen above, describe here:

**Action Plan:** Complete the chart below regarding the activities planned to achieve the improvement target. Add more rows as needed.

Action Step #	Action Step	Description of how you will "check" that your proposed improvement was made	Expected Start Date	Expected Completion Date	Position of Person Assigned to Be the Lead for the Improvement & Name
1	A new clinician with SUD treatment experience will be starting on 11/13/18 and will be filling the Berlin SAS vacancy that from October. FTE designation has been increased from .4 FTE to .6 FTE.	The monthly ACT staffing report submitted to the state FTP site will identify the new SAS for Berlin and changes in FTE allotment for that role.	11/13/2018	12/15/2018	Rhonda Edwards-Berlin Clinical Director
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**CMHC ACT Quality Improvement Plan  
Northern Human Services-Berlin**

Date of Final ACT Fidelity Report: 10/13/18

Current Date: 11/14/2018

**SECTION I**

Fidelity Indicator in Need of Improvement: Vocational Specialist on Team

Fidelity Baseline Score: 2

**SECTION II**

Improvement Target Score: 2

Target Completion Date: 9/1/2019

Improvement Strategies (select all that apply):

Practice Change

If "Other - Please describe" is chosen above, describe here:

**Action Plan:** Complete the chart below regarding the activities planned to achieve the improvement target. Add more rows as needed.

Action Step #	Action Step	Description of how you will "check" that your proposed improvement was made	Expected Start Date	Expected Completion Date	Position of Person Assigned to Be the Lead for the Improvement & Name
1	The Berlin ACT team will identify all ACT clients not currently engaged in SEP services and arrange for individual meetings between those individuals and the ACT Vocational Specialist to discuss their vocational goals and how SEP services may be able to assist them.	Essentia reports will be utilized to track SEP engagement attempts made by the Vocational specialist	1/2/2019	4/1/2019	Nancy Bisson, ACT SEP provider
2	All new ACT clients will meet with the ACT Vocational Specialist to explore their vocational goals and supports and services that SEP can offer to assist them in reaching those goals.	Essentia reports will be utilized to track SEP engagement attempts made by the Vocational specialist	1/2/2019	Ongoing	Nancy Bisson, ACT SEP provider
3	With efforts to increase dedicated SEP time for ACT team consumers FTE will be revised to .35 FTE.	The monthly ACT staffing report submitted to the state FTP site will reflect changes in FTE allotment for that Vocational Specialist in Berlin.	12/1/2018	2/1/2018	Kassie Effratie- Berlin Director of Behavioral Health
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**CMHC ACT Quality Improvement Plan**  
**Northern Human Services-Berlin**

Date of Final ACT Fidelity Report: 10/13/18

Current Date: 11/14/2018

**SECTION I**

Fidelity Indicator in Need of Improvement: Program Size

Fidelity Baseline Score: 2

**SECTION II**

Improvement Target Score: 3

Target Completion Date: 1/31/2019

Improvement Strategies (select all that apply): Infrastructure Improvement

If "Other - Please describe" is chosen above, describe here:

**Action Plan:** Complete the chart below regarding the activities planned to achieve the improvement target. Add more rows as needed.

Action Step #	Action Step	Description of how you will "check" that your proposed improvement was made	Expected Start Date	Expected Completion Date	Position of Person Assigned to Be the Lead for the Improvement & Name
1	The Berlin ACT team has added a new 1.0 FTE ACT FSS position and is increasing ACT FTE allocation for SUD and psychiatry. With these increases the overall FTE allotment for ACT will exceed the 5.0 FTE required for a Fidelity score of 3.	The monthly ACT staffing report submitted to the state FTP site will reflect changes to the overall FTE allotments for the Berlin ACT team.	11/13/2018	1/31/2019	Kassie Effratie
2	On a quarterly basis the total ACT caseload for each ACT site will be used to calculate, using the formula FTE value x 100/ Number of clients served = FTE per 100 clients, whether there is sufficient ACT team staffing for psychiatric, Nursing, Substance Abuse Specialist, and Vocational Specialist positions to adequately meet ACT consumer needs.	An excel worksheet will be utilized to monitor total caseloads, calculations and the ACT fidelity rating designated for that calculation for psychiatric, RN, SAS and Vocational Specialist positions. This information will be shared with the ACT Team Leader.	1/2/2019	Ongoing	Leann Despins-Director of QI & Compliance
3	In circumstances in which the current Fidelity scores for any position noted on the excel worksheet has fallen below the identified base rate 2 or more quarters, with the exception of declines associated with staff turnover, the ACT team leader and a QI representative will approach NHS management to present these findings and make a request for additional staffing resources.	Presentation of data and requests for additional staff resources will be documented on the excel worksheet.	1/2/2019	Ongoing	ACT Team Leader; Leann Despins-Director of QI & Compliance
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**CMHC ACT Quality Improvement Plan  
Northern Human Services-Berlin**

Date of Final ACT Fidelity Report: 10/13/18

Current Date: 11/14/2018

**SECTION I**

Fidelity Indicator in Need of Improvement: Responsibility for Crisis Services

Fidelity Baseline Score: 3

**SECTION II**

Improvement Target Score: 4

Target Completion Date: 4/1/2019

Improvement Strategies (select all that apply): Policy Change

If "Other - Please describe" is chosen above, describe here:

**Action Plan:** Complete the chart below regarding the activities planned to achieve the improvement target. Add more rows as needed.

Action Step #	Action Step	Description of how you will "check" that your proposed improvement was made	Expected Start Date	Expected Completion Date	Position of Person Assigned to Be the Lead for the Improvement & Name
1	NHS Policy on Protocols on Handling ES calls for ACT clients will be revised to incorporate directions on how to verify ACT status for individual's accessing ES, process identifying who ACT on call worker is for consultation and to provide end of shift report regarding non-urgent, day to day concerns.	Once revised policy has been approved by management QI Director will verify that the policy has been rolled out to ES and ACT staff and that a hyperlink directly to the revised policy has been added the Agency Policy folder located on all staff desktops.	1/15/2018	3/15/2019	QI Director/ACT Team Leaders
2	ES/Crisis psychotherapy notes will be modified to include a field to note whether ACT Team has been contacted regarding ACT client interface with the Emergency Services system.	Verification that Essentia Forms template for ES/Crisis psychotherapy notes generates documents containing the Communication with ACT team fields.	1/2/2019	2/28/2019	Peggy Constantino, IT
3	A contact note will be added to the Emergency Services section of the clinical record to allow ES staff to more easily document communication with ACT team providers.	Client ES document list will be generated quarterly for ACT consumers with an ES/psychotherapy note and/or ES contact notes to determine how frequently communication is occurring between ES and ACT teams when an ACT consumer has accessed ES services.	11/15/2018	12/15/2018	Sue Farrington, IT
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**CMHC ACT Quality Improvement Plan  
Northern Human Services-Berlin**

Date of Final ACT Fidelity Report: 10/13/18

Current Date: 11/14/2018

**SECTION I**

Fidelity Indicator in Need of Improvement: Responsibility for Crisis Services

Fidelity Baseline Score: 3

**SECTION II**

Improvement Target Score: 4

Target Completion Date: 4/1/2019

Improvement Strategies (select all that apply): Policy Change

If "Other - Please describe" is chosen above, describe here:

**Action Plan:** Complete the chart below regarding the activities planned to achieve the improvement target. Add more rows as needed.

Action Step #	Action Step	Description of how you will "check" that your proposed improvement was made	Expected Start Date	Expected Completion Date	Position of Person Assigned to Be the Lead for the Improvement & Name
1	NHS Policy on Protocols on Handling ES calls for ACT clients will be revised to incorporate directions on how to verify ACT status for individual's accessing ES, process identifying who ACT on call worker is for consultation and to provide end of shift report regarding non-urgent, day to day concerns.	Once revised policy has been approved by management QI Director will verify that the policy has been rolled out to ES and ACT staff and that a hyperlink directly to the revised policy has been added the Agency Policy folder located on all staff desktops.	1/15/2018	3/15/2019	QI Director/ACT Team Leaders
2	ES/Crisis psychotherapy notes will be modified to include a field to note whether ACT Team has been contacted regarding ACT client interface with the Emergency Services system.	Verification that Essentia Forms template for ES/Crisis psychotherapy notes generates documents containing the Communication with ACT team fields.	1/2/2019	2/28/2019	Peggy Constantino, IT
3	A contact note will be added to the Emergency Services section of the clinical record to allow ES staff to more easily document communication with ACT team providers.	Client ES document list will be generated quarterly for ACT consumers with an ES/psychotherapy note and/or ES contact notes to determine how frequently communication is occurring between ES and ACT teams when an ACT consumer has accessed ES services.	11/15/2018	12/15/2018	Sue Farrington, IT
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CMHC ACT Quality Improvement Plan

Northern Human Services-Berlin

Date of Final ACT Fidelity Report: 10/13/18

Current Date: 11/14/2018

SECTION I

Fidelity Indicator in Need of Improvement: Responsibility for Hospital Admissions

Fidelity Baseline Score: 2

SECTION II

Improvement Target Score: 3

Target Completion Date: 9/1/2019

Improvement Strategies (select all that apply): Practice Change

If "Other - Please describe" is chosen above, describe here:

Action Plan: Complete the chart below regarding the activities planned to achieve the improvement target. Add more rows as needed.

Action Step #	Action Step	Description of how you will "check" that your proposed improvement was made	Expected Start Date	Expected Completion Date	Position of Person Assigned to Be the Lead for the Improvement & Name
1	ACT staff will document any efforts related to facilitation of hospital admissions on a progress note using service code 9502 ACT Coordination Hospital/Institute Admin	On a monthly basis ACT team leader will cross reference list of ACT consumers hospitalized during that month with a service report that pulls data for service code 9502	1/2/2019	9/1/2019	Jessica Lemoine
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**CMHC ACT Quality Improvement Plan**  
**Northern Human Services-Berlin**

Date of Final ACT Fidelity Report: 10/13/18

Current Date: 11/14/2018

**SECTION I**

Fidelity Indicator in Need of Improvement: Responsibility for Hospital DC Planning

Fidelity Baseline Score: 2

**SECTION II**

Improvement Target Score: 3

Target Completion Date: 9/1/2019

Improvement Strategies (select all that apply):

Practice Change

If "Other - Please describe" is chosen above, describe here:

**Action Plan:** Complete the chart below regarding the activities planned to achieve the improvement target. Add more rows as needed.

Action Step #	Action Step	Description of how you will "check" that your proposed improvement was made	Expected Start Date	Expected Completion Date	Position of Person Assigned to Be the Lead for the Improvement & Name
1	ACT staff will document any efforts related to facilitation of hospital admissions on a progress note using service code 9503 ACT Coordination Hospital/Institute Discharge	On a monthly basis ACT team leader will cross reference list of ACT consumers hospitalized during that month with a service report that pulls data for service code 9503	1/2/2019	9/1/2019	Jessica Lemoine
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CMHC ACT Quality Improvement Plan

Northern Human Services-Berlin

Date of Final ACT Fidelity Report: 10/13/18

Current Date:

SECTION I

Fidelity Indicator in Need of Improvement: Time Unlimited Graduation Rate

Fidelity Baseline Score: 4

QIP plan note required for this domain as score is a 4.

SECTION II

Improvement Target Score:

Target Completion Date:

Improvement Strategies (select all that apply):

If "Other - Please describe" is chosen above, describe here:

Action Plan: Complete the chart below regarding the activities planned to achieve the improvement target. Add more rows as needed.

Action Step #	Action Step	Description of how you will "check" that your proposed improvement was made	Expected Start Date	Expected Completion Date	Position of Person Assigned to Be the Lead for the Improvement & Name
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**CMHC ACT Quality Improvement Plan**  
**Northern Human Services-Berlin**

**SECTION I**      Date of Final ACT Fidelity Report: **10/13/18**      Current Date: **11/14/2018**

Fidelity Indicator in Need of Improvement: **Work with Informal Support System**

Fidelity Baseline Score: **1**

**SECTION II**

Improvement Target Score: **2**

Target Completion Date: **6/1/2019**

Improvement Strategies (select all that apply): **Process Change**      **Workforce Development**

If "Other - Please describe" is chosen above, describe here: \_\_\_\_\_

**Action Plan:** Complete the chart below regarding the activities planned to achieve the improvement target. Add more rows as needed.

Action Step #	Action Step	Description of how you will "check" that your proposed improvement was made	Expected Start Date	Expected Completion Date	Position of Person Assigned to Be the Lead for the Improvement & Name
1	A contact note specifically for documentanting natural support contacts will be created and added to the Progress note section of the clinical record.	A client document list report will be generated on a monthly basis to identify the number of natural support contact notes created each month and provided to the ACT team leader to review at the ACT team meeting.	12/1/2018	6/1/2019	Leann Despins-Director of QI & compliance; Jessica Lemoine-ACT Team Leader
2	ACT Team Leader will facilitate disussion and provide education at ACT team meetings regarding who might be considered as an informal Support.	ACT team minutes will document discussion regarding informal supports.	12/1/2018	6/1/2019	Jessica Lemoine-ACT Team Leader
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## CMHC ACT Quality Improvement Plan

### Northern Human Services-Berlin

Date of Final ACT Fidelity Report: 10/13/18

Current Date: 11/14/2018

#### SECTION I

Fidelity Indicator in Need of Improvement: Co-occurring DO TX Groups

Fidelity Baseline Score: 2

#### SECTION II

Improvement Target Score: 3

Target Completion Date: 4/1/2019

Improvement Strategies (select all that apply):

Other - please describe

If "Other - Please describe" is chosen above, describe here: Engagement strategies

**Action Plan:** Complete the chart below regarding the activities planned to achieve the improvement target. Add more rows as needed.

Action Step #	Action Step	Description of how you will "check" that your proposed improvement was made	Expected Start Date	Expected Completion Date	Position of Person Assigned to Be the Lead for the Improvement & Name
1	Each ACT team case manager will review their list of ACT clients and identify 2-3 individuals with SUD diagnosis who they would like to invite to a kick off for E-IMR.	A list of ACT consumers that will receive a targeted invite for an E-IMR group will be generated and managed by the ACT Team Leader	12/1/2018	1/15/2019	Jessica Lemoine-ACT Team Leader
2	A request will be made to EMR Leadership committee to make modifications to IMR documents to make a clear distinction as to when the materials utilized in the IMR service are specific to E-IMR	Modified forms will be added into the EMR's IMR templates.	12/1/2018	1/31/2019	Leann Despina, Director of QI & Compliance
3	Invites to ACT clients targeted for E-IMR to be sent, Kickoff for E-IMR will be held.	Sign in Sheet will be kept for those individuals attending the E-IMR kickoff.	2/1/2019	3/1/2019	Jessica Lemoine-ACT Team Leader
4	Initial session for E-IMR group to be held	Essentia reports will be run to verify group has started and number of E-IMR participants.	2/15/2019	4/1/2019	Jessica Lemoine-ACT Team Leader; Leann Despina-Director of QI & Compliance
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## CMHC ACT Quality Improvement Plan

### Northern Human Services-Berlin

Date of Final ACT Fidelity Report: 10/13/18

Current Date: 11/14/2018

#### SECTION I

Fidelity Indicator in Need of Improvement: Dual Disorders Model

Fidelity Baseline Score: 3

#### SECTION II

Improvement Target Score: 4

Target Completion Date: Ongoing

Improvement Strategies (select all that apply): Workforce Development

If "Other - Please describe" is chosen above, describe here:

**Action Plan:** Complete the chart below regarding the activities planned to achieve the improvement target. Add more rows as needed.

Action Step #	Action Step	Description of how you will "check" that your proposed improvement was made	Expected Start Date	Expected Completion Date	Position of Person Assigned to Be the Lead for the Improvement & Name
1	On a quarterly basis the Berlin ACT SAS and/or Agency MLADC will conduct quarterly trainings/facilitated discussions to the Berlin ACT team on Dual Disorders model (harm reduction, MI, engagement/intervention techniques etc.)	Training and attendance will be documented on ACT team minutes and noted on the Agency training calendar.	2/1/2019	Ongoing	Rhonda Edwards-MLADC/Clinical Director; Incoming Berlin SAS-Elizabeth Sapareto
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## CMHC ACT Quality Improvement Plan

### Northern Human Services-Berlin

Date of Final ACT Fidelity Report: 10/13/18

Current Date: 11/14/2018

#### SECTION I

Fidelity Indicator in Need of Improvement: Role of Consumers on Team

Fidelity Baseline Score: 3

#### SECTION II

Improvement Target Score: 3

Target Completion Date: 1/31/2019

Improvement Strategies (select all that apply):

Other - please describe

If "Other - Please describe" is chosen above, describe here: Ongoing monitoring for additional needs

**Action Plan:** Complete the chart below regarding the activities planned to achieve the improvement target. Add more rows as needed.

Action Step #	Action Step	Description of how you will "check" that your proposed improvement was made	Expected Start Date	Expected Completion Date	Position of Person Assigned to Be the Lead for the Improvement & Name
1	ACT clients will be asked on a quarterly basis about their interest in working with the peer specialist serving their ACT team. Responses entered in the assessment tab, and a special report will be created to tabulate this information to show 1. how many ACT consumers are currently working with a peer specialist and 2. the number ACT clients who have expressed interest in working with a peer specialist.	Reports will be pulled monthly, and results will be entered on a spreadsheet and forwarded to each ACT Team Leader.	12/1/2018	1/31/2019	Leann Despina-Director of QI & Compliance
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**CMHC ACT Quality Improvement Plan**  
**Northern Human Services -Conway**

Date of Final ACT Fidelity Report: **10/13/18**

Current Date: **11/14/2018**

**SECTION I**

Fidelity Indicator in Need of Improvement: **Continuity of Staffing**

Fidelity Baseline Score: **3**

**SECTION II**

Improvement Target Score: **3**

Target Completion Date: **9/1/2019**

Improvement Strategies (select all that apply): **Other - please describe**

Due to a this domains 2 year look back period for staff changes steps implemented may not be able to immediately impact score

If "Other - Please describe" is chosen above, describe here: **Employee Incentives**

**Action Plan:** Complete the chart below regarding the activities planned to achieve the improvement target. Add more rows as needed.

Action Step #	Action Step	Description of how you will "check" that your proposed improvement was made	Expected Start Date	Expected Completion Date	Position of Person Assigned to Be the Lead for the Improvement & Name
1	NHS will conduct exit interviews to identify contributing factors in the ACT employees decision to leave their position on the ACT team.	A bar graph depicting staff reasons for leaving will be created and presented to management on a semiannual basis to inform them of the most common factors impacting staff retention.	12/1/2018	Ongoing	Leonard Jewell-ACT Team Leader; Eve Klotz-Director of Behavioral Health for Carrol County
2	ACT Team Leader will advocate to HR and the administration for flexible work options for ACT team members on an individual basis to encourage staff retention.	NHS will track the number of approved flexible workforce requests made on a spreadsheet and make note of staff termination date as a tool to evaluate impact of flex work options on staff retention.	12/1/2018	Ongoing	Leonard Jewell-ACT Team Leader
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## CMHC ACT Quality Improvement Plan

### Northern Human Services-Conway

Date of Final ACT Fidelity Report: 10/13/18

Current Date: 11/14/2018

#### SECTION I

Fidelity Indicator in Need of Improvement: Nurse on Team

Fidelity Baseline Score: 3

#### SECTION II

Improvement Target Score: 4

Target Completion Date: 3/15/2019

Improvement Strategies (select all that apply): Infrastructure Improvement

If "Other - Please describe" is chosen above, describe here:

**Action Plan:** Complete the chart below regarding the activities planned to achieve the improvement target. Add more rows as needed.

Action Step #	Action Step	Description of how you will "check" that your proposed improvement was made	Expected Start Date	Expected Completion Date	Position of Person Assigned to Be the Lead for the Improvement & Name
1	NHS will look at it's nursing positions for both the Mental Health and Developmental Service programs to determine if it is possible to come up with 10-11 RN hours that could be redeployed to the Conway ACT team.	Date and outcome of any discussions held between DS and MH administrators to discuss potential sharing of RN resources will be tracked on a spreadsheet.	1/1/2019	2/28/2019	Eve Klotz-Director of Behavioral Health Carrol County/ Dale Heon, CFO, Leann Despina, Director of QI & Compliance
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CMHC ACT Quality Improvement Plan

Northern Human Services- Conway

Date of Final ACT Fidelity Report: 10/13/18

Current Date: 11/14/2018

SECTION I

Fidelity Indicator in Need of Improvement: SAS on Team

Fidelity Baseline Score: 3

SECTION II

Improvement Target Score: 4

Target Completion Date: 12/31/2018

Improvement Strategies (select all that apply): Infrastructure Improvement

If "Other - Please describe" is chosen above, describe here:

Action Plan: Complete the chart below regarding the activities planned to achieve the improvement target. Add more rows as needed.

Action Step #	Action Step	Description of how you will "check" that your proposed improvement was made	Expected Start Date	Expected Completion Date	Position of Person Assigned to Be the Lead for the Improvement & Name
1	NHS will increase the SAS resources on the ACT team to .6 FTE	QI director will verify that IT sheet processing FTE sheet has been submitted to the IT department.	12/1/2018	12/31/2018	Eve Klotz-Director of Behavioral Health for Carrol County; Leann Despins Director of QI & Compliance
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## CMHC ACT Quality Improvement Plan

### Northern Human Services- Conway

Date of Final ACT Fidelity Report: 10/13/18

Current Date: 11/14/2018

#### SECTION I

Fidelity Indicator in Need of Improvement: Vocational Specialist on Team

Fidelity Baseline Score: 3

#### SECTION II

Improvement Target Score: 4

Target Completion Date: 4/30/2019

Improvement Strategies (select all that apply):

Workforce Development

If "Other - Please describe" is chosen above, describe here:

**Action Plan:** Complete the chart below regarding the activities planned to achieve the improvement target. Add more rows as needed.

Action Step #	Action Step	Description of how you will "check" that your proposed improvement was made	Expected Start Date	Expected Completion Date	Position of Person Assigned to Be the Lead for the Improvement & Name
1	Reduce the case management caseload/responsibilities carried by the Conway Supported Employment Specialist to allow her to focus at least 60 % of her time on SEP related activity.	Staff Activity tracker report will be utilized on a monthly basis to assess percentage of time spend on SEP activity vs other service activity.	12/1/2018	4/30/2019	Leonard Jewell- ACT team Leader
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## CMHC ACT Quality Improvement Plan

### Northern Human Services-Conway

Date of Final ACT Fidelity Report: 10/13/18

Current Date: 11/14/2018

#### SECTION I

Fidelity Indicator in Need of Improvement: Program Size

Fidelity Baseline Score: 2

#### SECTION II

Improvement Target Score: 3

Target Completion Date: 2/28/2019

Improvement Strategies (select all that apply): Infrastructure Improvement

If "Other - Please describe" is chosen above, describe here:

**Action Plan:** Complete the chart below regarding the activities planned to achieve the improvement target. Add more rows as needed.

Action Step #	Action Step	Description of how you will "check" that your proposed improvement was made	Expected Start Date	Expected Completion Date	Position of Person Assigned to Be the Lead for the Improvement & Name
1	Increases in ACT FTE allocations for 4 positions (FSS, SAS and SEP, CM) will increase total program size by 1.2 FTE.	QI director will verify with IT department that new IT sheet have been submitted to reflect increase in FTE allotments for FSS, SAS and SEP). ACT staffing report submitted to the state FTP site.	11/15/2018	1/15/2019	Leonard Jewell-ACT Team Leader; Leann Despins Director of QI & Compliance
2	A new case management/fss position has been added to the ACT Team for Conway. The position was filled in late October with a the new hires start date slated for 11/13/18.	New staff will be noted on the November ACT staff report submitted to the FTP site.	11/1/2018	12/15/2018	Leonard Jewell-ACT Team Leader
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## CMHC ACT Quality Improvement Plan

### Northern Human Services-Conway

Date of Final ACT Fidelity Report: 10/13/18

Current Date: 11/14/2018

#### SECTION I

Fidelity Indicator in Need of Improvement: Responsibility for Crisis Services

Fidelity Baseline Score: 3

#### SECTION II

Improvement Target Score: 4

Target Completion Date: 4/1/2019

Improvement Strategies (select all that apply): Policy Change

If "Other - Please describe" is chosen above, describe here: Employee Incentives

**Action Plan:** Complete the chart below regarding the activities planned to achieve the improvement target. Add more rows as needed.

Action Step #	Action Step	Description of how you will "check" that your proposed improvement was made	Expected Start Date	Expected Completion Date	Position of Person Assigned to Be the Lead for the Improvement & Name
1	NHS Policy on Protocols on Handling ES calls for ACT clients will be revised to incorporate directions on how to verify ACT status for individual's accessing ES, process identifying who ACT on call worker is for consultation and to provide end of shift report regarding non-urgent, day to day concerns.	Once revised policy has been approved by management QI Director will verify that the policy has been rolled out to ES and ACT staff and that a hyperlink directly to the revised policy has been added the Agency Policy folder located on all staff desktops.	1/15/2018	3/15/2019	QI Director/ACT Team Leaders
2	ES/Crisis psychotherapy notes will be modified to include a field to note whether ACT Team has been contacted regarding ACT client interface with the Emergency Services system.	Verification that Essential Forms template for ES/Crisis psychotherapy notes generates documents containing the Communication with ACT team fields.	1/2/2019	2/28/2019	Peggy Constantino, IT
3	A contact note will be added to the Emergency Services section of the clinical record to allow ES staff to more easily document communication with ACT team providers.	Client ES document list will be generated quarterly for ACT consumers with an ES/psychotherapy note and/or ES contact notes to determine how frequently communication is occurring between ES and ACT teams when an ACT consumer has accessed ES services.	11/15/2018	12/15/2018	Sue Farrington, IT
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# CMHC ACT Quality Improvement Plan

Northern Human Services-Conway

Date of Final ACT Fidelity Report: 10/13/18

Current Date: 11/14/2018

## SECTION I

Fidelity Indicator in Need of Improvement: Frequency of Contact

Fidelity Baseline Score: 3

## SECTION II

Improvement Target Score: 3

Target Completion Date: 4/15/2019

Improvement Strategies (select all that apply): Process Change

If "Other - Please describe" is chosen above, describe here:

Action Plan: Complete the chart below regarding the activities planned to achieve the improvement target. Add more rows as needed.

Action Step #	Action Step	Description of how you will "check" that your proposed improvement was made	Expected Start Date	Expected Completion Date	Position of Person Assigned to Be the Lead for the Improvement & Name
1	Monthly CPO reports that identify ACT consumers and event listings by staff will be provided to ACT team Leader to show both frequency of service provision and variety of ACT service providers.	QI Director to be copied on emailed reports	10/15/2018	4/15/2019	Littleton/Conway: Bobbi Lyndes-Langtange, Office Manager for Littleton; Berlin-TBD
2	QI Director will meet with ACT Team Leaders to educate them on the process reports to 1. look at individual ACT consumer contact history (up to a 1 month period) that specifies both frequency of contact and variation in ACT staff providers and; 2. Pulls the schedule of upcoming ACT appointments, by client, to be brought to ACT team meetings as a reference tool to assist with scheduling any additional contacts the team has deemed necessary.	Attendance sign in sheet.	11/15/2018	12/31/2018	Director of QI & Compliance-Leann Despins
3	ACT Team Leaders will generate a report on upcoming ACT consumer appointments to bring to the first ACT team meeting of the week to be used as a reference tool to assist with scheduling any additional contacts the team has deemed necessary.	QI Team will randomly review 5 ACT records for each NHS ACT team on a monthly basis to evaluate impact on frequency of contact (SS ACT Fidelity Domain) and team approach (HZ ACT Fidelity Domain).	11/15/2018	Ongoing	ACT Team Leader: Berlin-Jessica Lemoine Conway- Leonard Jewell Littleton- Joann Sesholtz Checks conducted by QI Team: Leann Despins, Kayla Eldridge, Lori Mann
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# CMHC ACT Quality Improvement Plan

Northern Human Services-Conway

## SECTION I

Date of Final ACT Fidelity Report:

10/13/18

Current Date:

11/14/2018

Fidelity Indicator in Need of Improvement: Work with Informal Support System

Fidelity Baseline Score:

3

## SECTION II

Improvement Target Score:

4

Target Completion Date:

6/1/2019

Improvement Strategies (select all that apply):

Practice Change

If "Other - Please describe" is chosen above, describe here:

**Action Plan:** Complete the chart below regarding the activities planned to achieve the improvement target. Add more rows as needed.

Action Step #	Action Step	Description of how you will "check" that your proposed improvement was made	Expected Start Date	Expected Completion Date	Position of Person Assigned to Be the Lead for the Improvement & Name
1	A contact note specifically for documentanting natural support contacts will be created and added to the Progress note section of the clinical record.	A client document list report will be generated on a monthly basis to identify the number of natural support contact notes created each month and provided to the ACT team leader to review at the ACT team meeting.	12/1/2018	6/1/2019	Leann Despins-Director of QI & Compliance; Leonard Jewell-ACT Team Leader
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## CMHC ACT Quality Improvement Plan

### Northern Human Services-Conway

Date of Final ACT Fidelity Report: 10/13/18

Current Date: 11/14/2018

#### SECTION I

Fidelity Indicator in Need of Improvement: Individualized Substance Abuse Tx

Fidelity Baseline Score: 3

#### SECTION II

Improvement Target Score: 4

Target Completion Date: 9/1/2019

Improvement Strategies (select all that apply): Infrastructure Improvement

If "Other - Please describe" is chosen above, describe here:

**Action Plan:** Complete the chart below regarding the activities planned to achieve the improvement target. Add more rows as needed.

Action Step #	Action Step	Description of how you will "check" that your proposed improvement was made	Expected Start Date	Expected Completion Date	Position of Person Assigned to Be the Lead for the Improvement & Name
1	Conway will dedicate .6 FTE of their SAS to the ACT team.	QI Director will verify with IT that Staff Information Sheet has been submitted with new ACT FTE designations. ACT staffing report submitted to the state FTP site will reflect changes in ACT FTE designations.	11/1/2018	1/1/2019	Leann Despins, Director of QI & Compliance
2	A report identifying contacts between SUD provider and ACT clients will be generated monthly to track SUD service provision to ACT clients.	Graph will be created to track changes in provision of SUD services to Conway ACT clients.	12/1/2018	Ongoing	Kayla Eldridge/Lori Mann QI auditors
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## CMHC ACT Quality Improvement Plan

### Northern Human Services-Conway

Date of Final ACT Fidelity Report: 10/13/18

Current Date: 11/14/2018

#### SECTION I

Fidelity Indicator in Need of Improvement: Co-occurring DO TX Groups

Fidelity Baseline Score: 1

#### SECTION II

Improvement Target Score: 2

Target Completion Date: 9/1/2019

Improvement Strategies (select all that apply):

Workforce Development	Process Change		
If "Other - Please describe" is chosen above, describe here:			

**Action Plan:** Complete the chart below regarding the activities planned to achieve the improvement target. Add more rows as needed.

Action Step #	Action Step	Description of how you will "check" that your proposed improvement was made	Expected Start Date	Expected Completion Date	Position of Person Assigned to Be the Lead for the Improvement & Name
1	ACT team leader attended the E-IMR training provided by BBH on 10/23-10/24	Training sign in sheet	10/23/2018	10/24/2018	Leonard Jewell- Conway ACT Team Leader
2	E-IMR Group with 4-5 ACT consumers was initiated in October.	Service utilization reports will serve as verification that ACT Consumers are participating in the Conway E-IMR group.	10/15/2018	9/1/2019	Leonard Jewell- Conway ACT Team Leader
3	A request will be made to EMR Leadership committee to make modifications to IMR documents to make a clear distinction as to when the materials utilized in the IMR service are specific to E-IMR	Modified forms will be added into the EMR's IMR templates.	12/1/2018	1/31/2019	Leann Despins, Director of QI & Compliance
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CMHC ACT Quality Improvement Plan

Northern Human Services-Conway

Date of Final ACT Fidelity Report: 10/13/18

Current Date: 11/14/2018

SECTION I

Fidelity Indicator in Need of Improvement: Dual Disorders Model

Fidelity Baseline Score: 3

SECTION II

Improvement Target Score: 4

Target Completion Date: 9/1/2019

Improvement Strategies (select all that apply):

Workforce Development			
If "Other - Please describe" is chosen above, describe here:			

Action Plan: Complete the chart below regarding the activities planned to achieve the improvement target. Add more rows as needed.

Action Step #	Action Step	Description of how you will "check" that your proposed improvement was made	Expected Start Date	Expected Completion Date	Position of Person Assigned to Be the Lead for the Improvement & Name
1	On a quarterly basis the Conway ACT SAS will conduct quarterly trainings/facilitated discussions to the Conway ACT team on Dual Disorders model (harm reduction, MI,engagement/intervention techniques etc.)	Training and attendance will be documented on ACT team minutes and noted on the Agency training calendar.	2/1/2019	Ongoing	Kimberly Bell- SAS
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## CMHC ACT Quality Improvement Plan

### Northern Human Services-Conway

Date of Final ACT Fidelity Report: 10/13/18

Current Date: 11/14/2018

#### SECTION I

Fidelity Indicator in Need of Improvement: Role of Consumers on Team

Fidelity Baseline Score: 3

#### SECTION II

Improvement Target Score: 3

Target Completion Date: 1/31/2019

Improvement Strategies (select all that apply):

Other - please describe

If "Other - Please describe" is chosen above, describe here: Ongoing monitoring for additional needs

**Action Plan:** Complete the chart below regarding the activities planned to achieve the improvement target. Add more rows as needed.

Action Step #	Action Step	Description of how you will "check" that your proposed improvement was made	Expected Start Date	Expected Completion Date	Position of Person Assigned to Be the Lead for the Improvement & Name
1	ACT clients will be asked on a quarterly basis about their interest in working with the peer specialist serving their ACT team. Responses entered in the assessment tab, and a special report will be created to tabulate this information to show 1. how many ACT consumers are currently working with a peer specialist and 2. the number ACT clients who have expressed interest in working with a peer specialist.	Reports will be pulled monthly, and results will be entered on a spreadsheet and forwarded to each ACT Team Leader.	12/1/2018	1/31/2019	Leann Despina-Director of QI & Compliance
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## CMHC ACT Quality Improvement Plan

### Northern Human Services-Littleton

Date of Final ACT/SE Fidelity Report: 10/13/18

Current Date: 11/14/2018

#### SECTION I

Fidelity Indicator in Need of Improvement: Program Meeting

Fidelity Baseline Score: 3

#### SECTION II

Improvement Target Score: 4

Target Completion Date: 2/28/2019

Improvement Strategies (select all that apply): Practice Change

If "Other - Please describe" is chosen above, describe here:

**Action Plan:** Complete the chart below regarding the activities planned to achieve the improvement target. Add more rows as needed.

Action Step #	Action Step	Description of how you will "check" that your proposed improvement was made	Expected Start Date	Expected Completion Date	Position of Person Assigned to Be the Lead for the Improvement & Name
1	The Littleton ACT team psychiatrist and RN will attend 2 ACT team meetings per week.	ACT meeting minutes will document staff attendance for ACT large team meetings at least twice per week.	1/2/2019	2/28/2019	Joann Sesholtz- ACT Team Leader
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**CMHC ACT Quality Improvement Plan**  
**Northern Human Services-Littleton**

Date of Final ACT Fidelity Report: 10/13/18

Current Date: 11/14/2018

**SECTION I**

Fidelity Indicator in Need of Improvement: Nurse on Team

Fidelity Baseline Score: 3

**SECTION II**

Improvement Target Score: 4

Target Completion Date: 1/2/2019

Improvement Strategies (select all that apply): Infrastructure Improvement

If "Other - Please describe" is chosen above, describe here:

**Action Plan:** Complete the chart below regarding the activities planned to achieve the improvement target. Add more rows as needed.

Action Step #	Action Step	Description of how you will "check" that your proposed improvement was made	Expected Start Date	Expected Completion Date	Position of Person Assigned to Be the Lead for the Improvement & Name
1	Littleton will be dedicating additional RN time to the ACT team and is increasing the ACT FTE for that position to .6	The monthly ACT staffing report submitted to the state FTP site will reflect increases to RN FTE allotment.	12/1/2018	1/2/2019	Jane MacKay- Director of Behavioral Health
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## CMHC ACT Quality Improvement Plan

### Northern Human Services-Littleton

Date of Final ACT Fidelity Report: 10/13/18

Current Date: 11/14/2018

#### SECTION I

Fidelity Indicator in Need of Improvement: SAS on Team

Fidelity Baseline Score: 3

#### SECTION II

Improvement Target Score: 3

Target Completion Date: 6/30/2019

Improvement Strategies (select all that apply): Workforce Development

If "Other - Please describe" is chosen above, describe here:

**Action Plan:** Complete the chart below regarding the activities planned to achieve the improvement target. Add more rows as needed.

Action Step #	Action Step	Description of how you will "check" that your proposed improvement was made	Expected Start Date	Expected Completion Date	Position of Person Assigned to Be the Lead for the Improvement & Name
1	SAS receive additional training and support on SUD treatment interventions and strategies by attending bi-weekly group supervisions with a LADC provider.	Essentia staff activity tracker will verify supervisions scheduled with LADC	1/2/2019	Ongoing	George Thurston MsEd, LADC
2	New SUD focused treatment objectives will be added to the treatments plans for those dual diagnosis ACT clients working with the SAS.	SAS caseload will be used to cross reference individual consumer case loads on a quarterly basis to verify SUD focused objectives have been added to treatment plans.	1/2/2019	6/30/2019	Stephanie Tamulonis-SAS
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## CMHC ACT Quality Improvement Plan

### Northern Human Services-Littleton

Date of Final ACT Fidelity Report: 10/13/18

Current Date: 11/14/2018

#### SECTION I

Fidelity Indicator in Need of Improvement: Program Size

Fidelity Baseline Score: 3

#### SECTION II

Improvement Target Score: 3

Target Completion Date: 9/1/2019

Improvement Strategies (select all that apply): Infrastructure Improvement

If "Other - Please describe" is chosen above, describe here:

**Action Plan:** Complete the chart below regarding the activities planned to achieve the improvement target. Add more rows as needed.

Action Step #	Action Step	Description of how you will "check" that your proposed improvement was made	Expected Start Date	Expected Completion Date	Position of Person Assigned to Be the Lead for the Improvement & Name
1	On a quarterly basis the total ACT caseload for each ACT site will be used to calculate, using the formula FTE value x 100/ Number of clients served = FTE per 100 clients, whether there is sufficient ACT team staffing for psychiatric, Nursing, Substance Abuse Specialist, and Vocational Specialist positions to assess if ACT consumer needs are being adequately met.	An excel worksheet will be developed to track which 1. identifies the expected base fidelity score for each position and 2. calculates the current fidelity score using the formula FTE value x 100/ Number of clients served = FTE per 100 clients, for psychiatric, RN, SAS and Vocational Specialist positions. This information will be shared with the ACT Team Leader.	1/2/2019	Ongoing	Leann Despina-Director of QI & Compliance
2	In circumstances in which the current Fidelity scores for any position noted on the excel worksheet has fallen below the identified base rate 2 or more quarters, with the exception of declines associated with staff turnover, the ACT team leader and a QI representative will approach NHS management to present these findings and make a request for additional staffing resources.	Presentation of data and requests for additional staff resources will be documented on the excel worksheet.	1/2/2019	Ongoing	ACT Team Leader; Leann Despina-Director of QI & Compliance
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## CMHC ACT Quality Improvement Plan

### Northern Human Services-Littleton

Date of Final ACT Fidelity Report: 10/13/18

Current Date: 11/14/2018

#### SECTION I

Fidelity Indicator in Need of Improvement: Responsibility for Crisis Services

Fidelity Baseline Score: 3

#### SECTION II

Improvement Target Score: 4

Target Completion Date: 4/1/2019

Improvement Strategies (select all that apply): Policy Change

If "Other - Please describe" is chosen above, describe here:

**Action Plan:** Complete the chart below regarding the activities planned to achieve the improvement target. Add more rows as needed.

Action Step #	Action Step	Description of how you will "check" that your proposed improvement was made	Expected Start Date	Expected Completion Date	Position of Person Assigned to Be the Lead for the Improvement & Name
1	NHS Policy on Protocols on Handling ES calls for ACT clients will be revised to incorporate directions on how to verify ACT status for individual's accessing ES, process identifying who ACT on call worker is for consultation and to provide end of shift report regarding non-urgent, day to day concerns.	Once revised policy has been approved by management QI Director will verify that the policy has been rolled out to ES and ACT staff and that a hyperlink directly to the revised policy has been added the Agency Policy folder located on all staff desktops.	1/15/2018	3/15/2019	QI Director/ACT Team Leaders
2	ES/Crisis psychotherapy notes will be modified to include a field to note whether ACT Team has been contacted regarding ACT client interface with the Emergency Services system.	Verification that Essentia Forms template for ES/Crisis psychotherapy notes generates documents containing the Communication with ACT team fields.	1/2/2019	2/28/2019	Peggy Constantino, IT
3	A contact note will be added to the Emergency Services section of the clinical record to allow ES staff to more easily document communication with ACT team providers.	Client ES document list will be generated quarterly for ACT consumers with an ES/psychotherapy note and/or ES contact notes to determine how frequently communication is occurring between ES and ACT teams when an ACT consumer has accessed ES services.	11/15/2018	12/15/2018	Sue Farrington, IT
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**CMHC ACT Quality Improvement Plan  
Northern Human Services-Littleton**

Date of Final ACT Fidelity Report: 10/13/18

Current Date: 11/14/2018

**SECTION I**

Fidelity Indicator in Need of Improvement: Responsibility for Hospital DC Planning

Fidelity Baseline Score: 3

**SECTION II**

Improvement Target Score: 4

Target Completion Date: 9/1/2019

Improvement Strategies (select all that apply): Practice Change

If "Other - Please describe" is chosen above, describe here:

**Action Plan:** Complete the chart below regarding the activities planned to achieve the improvement target. Add more rows as needed.

Action Step #	Action Step	Description of how you will "check" that your proposed improvement was made	Expected Start Date	Expected Completion Date	Position of Person Assigned to Be the Lead for the Improvement & Name
1	ACT staff will document any efforts related to facilitation of hospital discharges on a progress note using service code 9503 ACT Coordination Hospital/Institute Discharge	On a monthly basis ACT team leader will cross reference list of ACT consumers hospitalized during that month with the clinical record to verify that 9503 service codes are being utilized.	1/2/2019	9/1/2019	Joann Sesholtz-ACT Team Leader
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# CMHC ACT Quality Improvement Plan

## Northern Human Services-Littleton

Date of Final ACT Fidelity Report: 10/13/18 Current Date: 11/14/2018

### SECTION I

Fidelity Indicator in Need of Improvement: Frequency of Contact  
Fidelity Baseline Score: 3

### SECTION II

Improvement Target Score: 3  
Target Completion Date: 4/15/2019  
Improvement Strategies (select all that apply): Process Change  
If "Other - Please describe" is chosen above, describe here:

Action Plan: Complete the chart below regarding the activities planned to achieve the improvement target. Add more rows as needed.

Action Step #	Action Step	Description of how you will "check" that your proposed improvement was made	Expected Start Date	Expected Completion Date	Position of Person Assigned to Be the Lead for the Improvement & Name
1	Monthly CPO reports that identify ACT consumers and event listings by staff will be provided to ACT team Leader to show both frequency of service provision and variety of ACT service providers.	QI Director to be copied on emailed reports	10/15/2018	4/15/2019	Littleton/Conway- Bobbi Lyndes-Langtangue, Office Manager for Littleton; Berlin-TBD
2	QI Director will meet with ACT Team Leaders to educate them on the process reports to 1. look at individual ACT consumer contact history (up to a 1 month period) that specifies both frequency of contact and variation in ACT staff providers and; 2. Pulls the schedule of upcoming ACT appointments, by client, to be brought to ACT team meetings as a reference tool to assist with scheduling any additional contacts the team has deemed necessary.	Attendance sign in sheet.	11/15/2018	12/31/2018	Director of QI & Compliance-Leann Despins
3	ACT Team Leaders will generate a report on upcoming ACT consumer appointments to bring to the first ACT team meeting of the week to be used as a reference tool to assist with scheduling any additional contacts the team has deemed necessary.	QI Team will randomly review 5 ACT records for each NHS ACT team on a monthly basis to evaluate impact on frequency of contact (SS ACT Fidelity Domain) and team approach (H2 ACT Fidelity Domain).	11/15/2018	Ongoing	ACT Team Leader: Berlin-Jessica Lemoine Conway- Leonard Jewell Littleton- Joann Sesholtz Checks conducted by QI Team: Leann Despins, Kayla Eldridge, Lori Mann
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# CMHC ACT Quality Improvement Plan

Northern Human Services-Littleton

Date of Final ACT Fidelity Report: 10/13/18

Current Date: 11/14/2018

## SECTION I

Fidelity Indicator in Need of Improvement: Work with Informal Support System

Fidelity Baseline Score: 1

## SECTION II

Improvement Target Score: 2

Target Completion Date: 9/1/2019

Improvement Strategies (select all that apply): Practice Change

If "Other - Please describe" is chosen above, describe here:

**Action Plan:** Complete the chart below regarding the activities planned to achieve the improvement target. Add more rows as needed.

Action Step #	Action Step	Description of how you will "check" that your proposed improvement was made	Expected Start Date	Expected Completion Date	Position of Person Assigned to Be the Lead for the Improvement & Name
1	A contact note specifically for documentanting natural support contacts will be created and added to the Progress note section of the clinical record.	A client document list report will be generated on a monthly basis to identify the number of natural support contact notes created each month and provided to the ACT team leader to review at the ACT team meeting.	12/1/2018	6/1/2019	Leann Despins-Director of QI & Compliance; Joann Sesholtz-ACT Team Leader
2	Contact with natural supports that occurs during an client contact will be documented on the progress note. Staff will add a comment to the properties noting natural support contact to clearly identify which events involved contact with Natural supports	An Essentia report will be pulled to identify natural support contact notes and identify progress notes with the properties modified to identify any natural support content to verify that these contacts are being documented.	1/2/2019	9/1/2019	Joann Sesholtz-ACT Team Leader
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CMHC ACT Quality Improvement Plan

Northern Human Services-Littleton

Date of Final ACT Fidelity Report: 10/13/18

Current Date: 11/14/2018

SECTION I

Fidelity Indicator in Need of Improvement: Individualized Substance Abuse Tx

Fidelity Baseline Score: 2

SECTION II

Improvement Target Score: 3

Target Completion Date: 9/1/2019

Improvement Strategies (select all that apply):

Workforce Development			
If "Other - Please describe" is chosen above, describe here:			

Action Plan: Complete the chart below regarding the activities planned to achieve the improvement target. Add more rows as needed.

Action Step #	Action Step	Description of how you will "check" that your proposed improvement was made	Expected Start Date	Expected Completion Date	Position of Person Assigned to Be the Lead for the Improvement & Name
1	The SAS will attend SUD group supervisions (overseen by a LADC) available to them on at least a monthly basis to expand their knowledge and skills sets around motivational interviewing, engagement strategies and SUD interventions.	Essentia Staff Activity Tracker report will be run for SAS to determine if SAS is participating in SUD supervision meetings with LADC.	1/2/2019	9/1/2019	Joann Sesholtz- ACT Team Leader
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## CMHC ACT Quality Improvement Plan

### Northern Human Services-Littleton

Date of Final ACT Fidelity Report: 10/13/18

Current Date: 11/14/2018

#### SECTION I

Fidelity Indicator in Need of Improvement: Co-occurring DO TX Groups

Fidelity Baseline Score: 1

#### SECTION II

Improvement Target Score: 2

Target Completion Date: 9/1/2019

Improvement Strategies (select all that apply): Workforce Development

If "Other - Please describe" is chosen above, describe here:

**Action Plan:** Complete the chart below regarding the activities planned to achieve the improvement target. Add more rows as needed.

Action Step #	Action Step	Description of how you will "check" that your proposed improvement was made	Expected Start Date	Expected Completion Date	Position of Person Assigned to Be the Lead for the Improvement & Name
1	ACT team leader attended the E-IMR training provided by BBH on 10/23-10/24	Training sign in sheet	10/23/2018	10/24/2018	Joann Sesholtz-ACT Team Leader; Stephanie Tamulonis-SAS
2	Invites to ACT clients targeted for E-IMR to be sent, Kickoff for E-IMR will be held.	Sign in Sheet will be kept for those individuals attending the E-IMR kickoff.	2/1/2019	3/1/2019	Jessica Lemoine-ACT Team Leader
3	A request will be made to EMR Leadership committee to make modifications to IMR documents to make a clear distinction as to when the materials utilized in the IMR service are specific to E-IMR	Modified forms will be added into the EMR's IMR templates.	12/1/2018	1/31/2019	Leann Despina, Director of QI & Compliance
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## CMHC ACT Quality Improvement Plan

### Northern Human Services-Littleton

Date of Final ACT Fidelity Report: 10/13/18

Current Date: 11/14/2018

#### SECTION I

Fidelity Indicator in Need of Improvement: Dual Disorders Model

Fidelity Baseline Score: 2

#### SECTION II

Improvement Target Score: 3

Target Completion Date: 9/1/2019

Improvement Strategies (select all that apply):

Workforce Development

If "Other - Please describe" is chosen above, describe here:

**Action Plan:** Complete the chart below regarding the activities planned to achieve the improvement target. Add more rows as needed.

Action Step #	Action Step	Description of how you will "check" that your proposed improvement was made	Expected Start Date	Expected Completion Date	Position of Person Assigned to Be the Lead for the Improvement & Name
1	On a quarterly basis a training and/or facilitated discussions on the Dual Disorders model (harm reduction, MI, engagement/intervention techniques etc.) will be held at the ACT team meeting.	Training and attendance will be documented on ACT team minutes and noted on the Agency training calendar.	2/1/2019	Ongoing	Joann Sesholtz-ACT Team Leader
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## CMHC ACT Quality Improvement Plan

### Northern Human Services-Littleton

Date of Final ACT Fidelity Report: 10/13/18

Current Date: 11/14/2018

#### SECTION I

Fidelity Indicator in Need of Improvement: Role of Consumers on Team

Fidelity Baseline Score: 3

#### SECTION II

Improvement Target Score: 3

Target Completion Date: 1/31/2019

Improvement Strategies (select all that apply):

Other - please describe

If "Other - Please describe" is chosen above, describe here:

Ongoing monitoring for additional needs

**Action Plan:** Complete the chart below regarding the activities planned to achieve the improvement target. Add more rows as needed.

Action Step #	Action Step	Description of how you will "check" that your proposed improvement was made	Expected Start Date	Expected Completion Date	Position of Person Assigned to Be the Lead for the Improvement & Name
1	ACT clients will be asked on a quarterly basis about their interest in working with the peer specialist serving their ACT team. Responses entered in the assessment tab, and a special report will be created to tabulate this information to show 1. how many ACT consumers are currently working with a peer specialist and 2. the number ACT clients who have expressed interest in working with a peer specialist.	Reports will be pulled monthly, and results will be entered on a spreadsheet and forwarded to each ACT Team Leader.	12/1/2018	1/31/2019	Leann Despina-Director of QI & Compliance
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**STATE OF NEW HAMPSHIRE**  
**DEPARTMENT OF HEALTH AND HUMAN SERVICES**  
***DIVISION FOR BEHAVIORAL HEALTH***  
***BUREAU OF MENTAL HEALTH SERVICES***

Jeffrey A. Meyers  
Commissioner

Katja S. Fox  
Director

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November 16, 2018

Eric Johnson, CEO  
Northern Human Services  
87 Washington Street  
Conway, NH 03818

Dear Mr. Johnson,

The New Hampshire Department of Health and Human Services, Bureau of Mental Health Services, received Northern Human Services ACT Fidelity Quality Improvement Plan submitted on November 16, 2018 that was in response to the ACT Fidelity Review conducted September 18, 2018 through September 20, 2018. I am happy to inform you that this QIP has been accepted. At the Department's discretion, information and documentation may be requested to monitor the implementation and progress of the quality improvement areas identified for incremental improvement.

Your quarterly progress report due dates are as follows:

- Quarter 1 Progress Report: Due February 14, 2019
- Quarter 2 Progress Report: Due May 15, 2019
- Quarter 3 Progress Report: Due August 15, 2019
- Quarter 4 Progress Report: Due November 11, 2019

Please contact Lauren Quann if you have any questions regarding this correspondence at 603-271-8376, or by e-mail: [Lauren.Quann@dhhs.nh.gov](mailto:Lauren.Quann@dhhs.nh.gov).

Many thanks for your dedication to provide quality services to individuals and families in your region. We greatly look forward to our continued work together.

Sincerely,

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